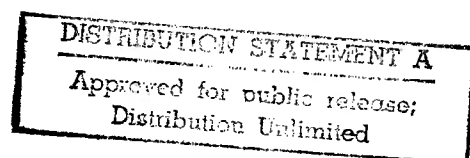




DEPARTMENT OF DEFENSE CIVILIAN PERSONNEL MANUAL



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DECEMBER 1996

DTIC QUALITY INSPECTED 3

OFFICE OF THE UNDER SECRETARY OF DEFENSE
FOR PERSONNEL AND READINESS



ASSISTANT SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000



December 3, 1996

FORCE MANAGEMENT
POLICY

FOREWORD

This Manual is reissued under the authority of DoD Directive 1400.25, "Department of Defense Civilian Personnel Management System," November 25, 1996. It implements policy, establishes uniform DoD-wide procedures, provides guidelines and model programs, delegates authority, and assigns responsibilities regarding civilian personnel management within the Department of Defense. DoD 1400.25-M, "Civilian Personnel Manual," July 30, 1978, is hereby canceled.

It is DoD policy and National Performance Review philosophy that we should streamline and eliminate redundancy in government regulations as well as delegate authorities to the lowest practical level. To avoid proliferation of regulations, the Manual is written to establish specific parameters or prescribe procedures that ensure an appropriate level of standardization. Therefore, the need for supplementing documents should be minimal.

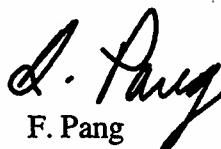
This Manual applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Inspector General of the Department of Defense, the Defense Agencies, and the DoD Field Activities (hereafter referred to collectively as "the DoD Components"), unless otherwise provided.

This Manual is effective immediately. Use of this Manual by all DoD Components is mandatory. Obligations to unions representing employees affected by this Manual must be satisfied before changes are implemented with respect to those employees.

Send recommended changes to the Manual to:

Deputy Assistant Secretary of Defense (Civilian Personnel Policy)
4000 Defense Pentagon
Room 3D268
Washington, DC 20301-4000

The DoD Components may obtain copies of this Manual through their own publications channels. It is approved for public release and unlimited distribution. Authorized registered users may obtain copies from the Defense Technical Information Center, 8725 John J. Kingman Road, STE 0944, Ft Belvoir, VA 22060-6218. Other Federal Agencies and the public may obtain copies from the U.S. Department of Commerce, National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.


F. Pang

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GENERAL INFORMATION

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Title 5, United States Code, "Government Organization and Employees"
 - (c) Title 5, Code of Federal Regulations, "Administrative Personnel"

A. REISSUANCE AND PURPOSE

This Manual is reissued to implement policy and update responsibilities and procedures for civilian personnel management within the Department of Defense.

B. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (a)) that:

1. DoD civilian personnel policies, procedures, and programs shall balance the legitimate needs of uniformity and flexibility. DoD civilian personnel management Publications shall:

a. Be jointly developed in conjunction with the DoD Components and the Civilian Personnel Policy Council.

b. Be streamlined and simplified.

c. Be issued only if necessary to comply with Executive Orders, law, or regulation, or to assist Civilian Personnel Offices/Human Resource Offices (CPOs/HROs), managers, supervisors, employees, and their representatives with civilian personnel management issues.

d. Provide for the optimal delegation of authorities and operating responsibilities to the lowest level practical.

e. Be distributed to all CPOs/HROs and, where practical, to managers and supervisors.

f. Be automated to the extent practical to include automated administrative processes, decision support systems, and distribution.

2. To the maximum extent practicable, total force management should guide the design of civilian personnel policies. Civilian personnel policies should provide unified direction by the Secretary of Defense, meet the requirements of unified commanders, and develop a shared sense of mission and responsibility among civilian employees and military personnel.

3. Civilian personnel policies, procedures, and programs as set forth in this Manual are binding on all DoD Components. Existing DoD Component civilian personnel policies, procedures, and programs may continue until superseded by law, controlling regulations, new provisions of this Manual, or related DoD Publication provisions.

4. The principles of equal employment opportunity and workforce diversity shall be incorporated into the design and implementation of civilian personnel policies, procedures and programs at all organizational levels.

5. Consistent with workload and mission requirements, the need to create flexible work arrangements that allow employees to better balance their work and other (e.g., family) responsibilities shall be incorporated into the design and implementation of civilian personnel policies, procedures and programs at all organizational levels.

6. DoD managers at all levels shall ensure that they satisfy any obligations to unions representing employees affected by changes to DoD policies, procedures, and programs. Changes that conflict with existing negotiated agreements may not be implemented until the agreement expires or is renewed unless:

a. The parties agree otherwise; or,

b. The change is required by law or by a rule or regulation implementing law governing prohibited personnel practices.

C. RESPONSIBILITIES

1. The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) shall:

a. Issue uniform DoD-wide civilian personnel policies, procedures, programs and guidance, based on DoD Directive 1400.25 (reference (a)), the references cited in that Directive, and this Manual.

b. Monitor the implementation and effectiveness of this Manual and revise it as appropriate.

c. Develop model civilian personnel management procedures and programs for DoD-wide use.

d. Waive provisions of this Manual or other DoD civilian personnel management Publications authorized by DoD Directive 1400.25 (reference (a)), as appropriate.

2. The Heads of the DoD Components shall ensure implementation and compliance with the policies, procedures, and programs set forth in DoD Directive 1400.25 (reference (a)), this Manual, and other DoD civilian personnel management Publications authorized by reference (a).

3. Managers and Supervisors shall, when delegated civilian personnel management authorities, carry out civilian personnel management policies, procedures, and programs as outlined in DoD Directive 1400.25 (reference (a)), this Manual, other DoD civilian personnel management Publications authorized by reference (a), and consistent with applicable negotiated agreements.

D. PROCEDURES

1. Each chapter of this Manual is structured to be self-contained and is prepared for direct use by supervisors, managers, and personnel specialists at all levels.

2. Chapters and subchapters in this Manual are arranged numerically to correspond with applicable sections of 5 U.S.C. (reference (b)) and 5 CFR (reference (c)), wherever possible.

3. New and revised chapters and subchapters of this Manual shall be approved and issued by the Deputy Assistant Secretary of Defense (Civilian Personnel Policy) (DASD (CPP)) as required.

4. The DoD Components shall cancel all internal regulatory material that addresses the same policies and procedures established by this Manual, at the time of such issuance, except where such regulatory material is mandated by negotiated agreements, where authorized by this Manual, or when determined essential by the Component Heads for Component-unique reasons. Component Heads include the Secretaries of the Military Departments, Directors of Defense Agencies with independent appointing authority, and the OSD Director of Administration and Management.

E. SUPPLEMENTATION

1. The need for supplementation to the Manual shall be identified during the joint policy development of each CPM subchapter.

2. In accordance with the policy and philosophy of the Secretary of Defense to streamline and eliminate redundancy in government regulations, supplementation shall be kept to a minimum.

3. When the need for supplementation is identified during policy development, and when Component Heads (as defined in D.4. above) determine that supplementation is essential, Components may supplement the policies, procedures, and programs published in this Manual. Within the Military Departments, the authority to approve supplementation may be delegated to the Assistant Secretary level. No further delegation is authorized. Copies of approved supplementation shall be provided to the DASD (CPP) within 30 days of issuance.

4. When supplementation is specifically prohibited, the restriction will be identified in the individual CPM subchapters.

5. Implementing procedures and programs may be issued at the operating level.

6. The DASD (CPP) shall issue DoD Handbooks, Guides, Pamphlets, and similar DoD Publications, as necessary, to provide detailed procedural, operational, or administrative material

on specific program areas, or to provide model programs on subjects that should be uniform for DoD-wide application.

F. WAIVERS

Requests for waivers to this Manual or other DoD civilian personnel management Publications authorized by DoD Directive 1400.25 (reference (a)) shall be forwarded, with full justification, through command channels, to the DASD (CPP) for appropriate action.

SUBCHAPTER 251

RELATIONSHIPS WITH ORGANIZATIONS REPRESENTING

FEDERAL EMPLOYEES AND OTHER ORGANIZATIONS

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SUBCHAPTER 251

RELATIONSHIPS WITH ORGANIZATIONS REPRESENTING

FEDERAL EMPLOYEES AND OTHER ORGANIZATIONS

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Title 5, Code of Federal Regulations, Part 251, "Agency Relationships with Organizations Representing Federal Employees and Other Organizations"
 - (c) Chapter 71 of title 5, United States Code
 - (d) DoD 5500.7-R, "Joint Ethics Regulation," 1994, authorized by DoD Directive 5500.7, August 30, 1993
 - (e) DoD Instruction 1000.15, "Private Organizations on DoD Installations," September 22, 1978
 - (f) Title 18, United States Code, Section 205
 - (g) Title 5, Code of Federal Regulations, Parts 550.311(b) and 550.331
 - (h) DoD 7000.14-R, "Department of Defense Financial Management Regulation," Volume 8, "Civilian Pay Policy and Procedures," January 1995, authorized by DoD Instruction 7000.14, November 15, 1992
 - (i) DoD Instruction 5010.30, "Intramangement Communication and Consultation," May 2, 1989 (hereby canceled)

A. PURPOSE

This Subchapter implements Department of Defense (DoD) policy, prescribes procedures, delegates authority, and assigns responsibility concerning relationships with non-labor organizations representing Federal employees (e.g., management and professional associations) and other organizations. The Subchapter implements policies under references (a) through (h) and cancels DoD Instruction 5010.30 (reference (i)).

B. DEFINITIONS

1. Association of Supervisors and Management Officials. An association comprised primarily of management officials and/or supervisors, which is not eligible for recognition under Chapter 71 of title 5 of the U.S. Code or comparable provisions of other laws, and which is not affiliated with a labor organization or federation of labor organizations.

2. Labor Organization. An organization as defined in 5 U.S.C. 7103(a)(4) (reference (c)) whose membership consists exclusively or primarily of employees and that complies with 5 U.S.C. 7120 (reference (c)).

3. Organization Representing Federal Employees and Other Organizations. An organization, other than a labor organization, that can provide information, views and services that will

contribute to improved agency operations, personnel management, and employee effectiveness. Such an organization may be an association of Federal management officials and/or supervisors, a group representing minorities, women or persons with disabilities in connection with Equal Employment Opportunity programs and action plans, a professional association, a civic or consumer group, an organization concerned with special social interests, and the like.

C. POLICY

It is the policy under DoD Directive 1400.25 (reference (a)) that:

1. Employees may join lawful management and professional associations and other organizations, consistent with DoD 5500.7-R (reference (d)).
2. Installation Commanders and Equivalent Management Officials shall:
 - a. Inform managers about developments affecting their work situations and provide them an opportunity to take part in making decisions concerning these developments;
 - b. Create a climate in which managers at all levels identify with management and take part actively in setting and attaining management goals, have a full understanding of management policies and interactions among organizational subunits, and have the information and assistance they need to represent management in relationships with employees and labor organizations;
 - c. Establish consultative relationships with management associations, as appropriate, in accordance with good management principles, applicable laws and regulations and this Subchapter; and
 - d. Bring management association(s) with which an official consultative relationship exists into the intramanagement consultative process in accordance with the procedures in this Subchapter. Such intramanagement communication should be in addition to, not instead of, individual contacts and exchanges of information and views basic to managerial relationships.
3. Installation Commanders or Equivalent Management Officials may, at their discretion and consistent with applicable statutes and regulations:
 - a. Establish relationships with organizations, other than associations of supervisors and management officials, when this would contribute to effective personnel management or improved operations or provide benefits to mission and programs. In making such determinations, installation commanders (or their equivalent) may wish to consider whether such a relationship will provide a service to employees who are members of the association or organization, contribute to the morale and welfare of employees, or promote an effective relationship with the local community and the general public.

b. Extend support to organizations or their members to the extent consistent with applicable laws and regulations, where this is in the best interests of the Department of Defense. 5 CFR 251.202(a)) (reference (b)) and DoD Instruction 1000.15 (reference (e)) provide some examples of support services that might be appropriate, consistent with the Joint Ethics Regulation (reference (d)).

4. 18 U.S.C. 205 (reference (f)) bars Federal employees from acting as agents or attorneys for any person or organization before any Federal agency or other Federal entity regarding any matter in which the United States is a party or has a direct and substantial interest, except if such activity is in connection with the performance of official duties. The law also provides that, so long as there is no conflict of interest, generally, an individual may represent any organization or group without compensation, if a majority of the members are officers or employees or spouses or dependent children of officers or employees of the United States or the District of Columbia. There are three exceptions:

- a. A claim under Subsection (a)(1) or (b)(1) of title 18 U.S.C. 205 (reference (f));
- b. A judicial or administrative proceeding where the organization or group is a party;
and
- c. A grant, contract, or other agreement (including a request for such a grant, contract, or agreement) providing for disbursement of Federal funds to the organization or group.

(Because of the significant potential for confusion whether representation is permissible, managers and employees should consult their legal office if faced with any the foregoing situations.)

5. Relationships with associations and other organizations shall not conflict with Chapter 71 of 5 U.S.C. (reference (c)). In this regard, dealings with management and professional associations and other organizations shall not take on the character of negotiations over conditions of employment for employees eligible to be represented by a labor organization as defined under that reference.

6. In addition to this Subchapter, DoD 5500.7-R (reference (d)) should be consulted on establishing relationships with employee and other organizations.

D. RESPONSIBILITIES

1. The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) (DASD (CPP)), or designee, shall issue uniform policies, procedures, and guidance concerning relationships with management and professional associations, and other organizations, and may establish relationships under this Subchapter.

2. The Heads of the DoD Components shall comply with, and may establish relationships under, the provisions of this Subchapter.

3. Installation Commanders or Equivalent Management Officials with Delegated Appointing Authority shall carry out, and may establish relationships under, this Subchapter.

E. PROCEDURES

1. Establishment of Consultative Relationship

a. For a management or other association to establish a consultative relationship, it must show a level of membership support at an organizational level that is substantial enough to ensure a worthwhile dialogue with executive management and, therefore, to warrant establishment of the relationship.

b. Generally, an association must have an official consultative relationship with at least two DoD Components to receive consideration for establishment of such a relationship at the DoD level.

c. An association shall address a written request for establishing a consultative relationship to the DASD (CPP), the head of the DoD Component, or subordinate Component organizational level, as appropriate. The request shall include:

(1) A statement regarding why the association believes an official consultative relationship should be established;

(2) A copy of the association's current constitution and bylaws that must show the association is a lawful nonprofit organization that subscribes to minimum standards of fiscal responsibility and employs democratic principles in the nomination and election of its officers;

(3) A list of the current officers of the association and, where applicable, subordinate organizations (e.g., chapters); and

(4) A statement that the association does not discriminate in terms of membership or treatment on the basis of race, color, religion, sex, age, national origin, or handicapping condition.

d. An association may only be recognized provided:

(1) That it does not assist or participate in a strike, work stoppage or slowdown against the Government of the United States or any agency thereof or impose a duty or obligation to conduct, assist or participate in such strike, work stoppage or slowdown.

(2) That it does not advocate the overthrow of the constitutional form of government of the United States.

e. Where official consultative relationships exist, dealings may include meetings between association representatives and executive managers and may provide an opportunity for association representatives to assist in the design of policy or to review and comment on proposed policy relating to personnel management, planning, production, and other areas of management concern.

2. Termination of Consultative Relationship

If it is determined that an association does not meet the requirements of Section E.1. of this Subchapter, the DASD (CPP), the head of the DoD Component or subordinate Component organizational level, as appropriate, will notify the association of the intent to end the consultative relationship.

3. Dues Withholding

Employees may authorize an allotment for association dues as provided for under 5 CFR 550 and DoD 7000.14-R (references (g) and (h)).

SUBCHAPTER 430

PERFORMANCE MANAGEMENT

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SUBCHAPTER 430

PERFORMANCE MANAGEMENT

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Chapters 23, 43, 45, 53 and 71 of title 5, United States Code
 - (c) Title 5, Code of Federal Regulations, Parts 430, 451 and 531
 - (d) DoD Directive 1440.1, "The DoD Civilian Equal Employment Opportunity Program," May 21, 1987

A. PURPOSE

This Subchapter implements DoD performance management policies under references (a) through (c); prescribes procedures, delegates authority, and assigns responsibility for performance management within the Department of Defense; and establishes the DoD Performance Appraisal System.

B. POLICY

It is DoD policy under reference (a) that the objective of performance management is to improve individual, team (where applicable), and organizational performance. An integral part of this objective is the establishment of management accountability for Equal Employment Opportunity (EEO) and Affirmative Employment Program (AEP) practices and principles. In achieving this objective, performance management programs shall:

1. Be designed to meet and integrate fully into organizational or mission goals and objectives, and management processes.
2. Be designed and used as tools for executing management and supervisory responsibilities; communicating and clarifying organizational goals and objectives to employees; involving employees in improving organizational effectiveness and in accomplishing organizational missions and goals; and assessing employee, team, and organizational effectiveness and performance.
3. Identify employee, team, and managerial accountability for the accomplishment of individual, team and organizational goals and objectives.
4. Provide for planning, monitoring, developing, and evaluating individual, team, and organizational performance; use appropriate measures of performance to recognize and reward employees; and use the results of performance appraisal as a basis for appropriate personnel actions.
5. Support and be consistent with merit system principles in Section 2301 of 5 U.S.C. (reference (b)).

6. Provide for involving employees and their representatives in program development, implementation, and application.
7. Provide appropriate training to those involved in the program.
8. Encourage employees to take responsibility to continuously improve, support team endeavors, develop professionally, and perform at their full potential.
9. Ensure the incorporation in performance evaluations of matters required by other law, regulation, and DoD policy including the establishment of a critical element and related performance standards concerning EEO for all supervisors, managers, and other employees with EEO responsibilities as required by paragraph E.2.f. of DoD Directive 1440.1 (reference d).

C. PERFORMANCE APPRAISAL

1. Appendix A of this Subchapter establishes the DoD Performance Appraisal System. It has been approved by the Office of Personnel Management (OPM) (See Appendix B).
2. The DoD Performance Appraisal System governs all performance appraisal programs for covered employees within the Department of Defense. It establishes performance appraisal program requirements. Performance appraisal programs established or revised after the effective date of the DoD Performance Appraisal System shall comply with the System, other applicable DoD policies and procedures, 5 U.S.C. and 5 CFR (references (b) and (c)), and other applicable laws and regulations.

D. AWARDS

Awards are tools to acknowledge, motivate, and reward significant individual, team, or organizational achievements or contributions and shall be an integral part of performance management within the Department of Defense. Awards shall be granted consistent with EEO and AEP policies and free from discrimination regardless of race, color, religion, age, sex, national origin, or disability. Subchapter 451 of this Manual implements DoD policies, procedures, and requirements governing awards programs within the Department of Defense.

E. RESPONSIBILITIES

1. The **Deputy Assistant Secretary of Defense (Civilian Personnel Policy)** shall issue DoD performance management policies and procedures; establish the DoD Performance Appraisal System; and, develop, or assist in the development of, performance management programs and monitor their implementation and effectiveness.
2. The **Heads of the DoD Components** shall ensure the development, implementation, application and evaluation of performance management programs within their Components and

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shall ensure that programs established or revised after the effective date of the DoD Performance Appraisal System comply with the System and references (b) through (d).

3. Managers, Supervisors, Team Leaders (where applicable) and Employees shall be separately and collectively responsible for individual, team, and organizational performance and for creating a work culture and environment that promotes a high-performance, high-involvement organization.

SUBCHAPTER 430

APPENDIX A

DOD PERFORMANCE APPRAISAL SYSTEM

A. PURPOSE

This Appendix establishes the DoD Performance Appraisal System. The System governs all performance appraisal programs within the Department of Defense established or revised after the effective date of the system. Such programs shall fully comply with the System, other applicable DoD policies and procedures, 5 U.S.C. (reference (b)) and 5 CFR 430, 451 and 531 (reference (c)), and other applicable laws and regulations.

B. COVERAGE

1. **DoD Component Coverage.** The DoD Performance Appraisal System applies to all DoD Components except the National Security Agency (NSA), the National Imagery and Mapping Agency (NIMA), and the Defense Intelligence Agency (DIA) (see Section 4301(1)(ii) of reference (b)) and other DoD organizations excluded from coverage by other applicable law.

2. **Employee Coverage.** As provided for by Section 4301(2) of reference (b), the DoD Performance Appraisal System covers appropriated fund employees employed by the Department of Defense (including senior-level and scientific and professional employees paid under Section 5376 of reference (b)) except for the following:

- a. Employees outside the United States paid in accordance with local native prevailing wage rates for the area in which employed;
- b. Individuals in the Senior Executive Service;
- c. Individuals appointed by the President;
- d. Individuals occupying excepted service positions for which employment is not reasonably expected to exceed the minimum period established in performance appraisal programs in a consecutive 12-month period;
- e. Individuals who:
 - (1) Are serving in positions under a temporary appointment for less than one year,
 - (2) Agree to serve without a performance evaluation, and
 - (3) Will not be considered for a reappointment or for an increase in pay based in whole or in part on performance;

- f. Civil Service Mariners of the Military Sealift Command, Department of the Navy;
- g. U. S. citizen excepted service employees of the North Atlantic Treaty Organization (NATO) and Supreme Headquarters Allied Powers Europe (SHAPE) international staff; and
- h. Individuals excluded from coverage under other applicable law.

C. DEFINITIONS

1. **Additional Performance Element.** A dimension or aspect of individual, team, or organizational performance that is not a critical or non-critical element. Such elements are not used in assigning a summary level but, like critical and non-critical elements, are useful for purposes such as communicating performance expectations and serving as the basis for granting awards. Such elements may include, but are not limited to, objectives, goals, program plans, work plans, and other means of expressing expected performance.
2. **Appraisal.** The process under which performance is reviewed and evaluated.
3. **Appraisal Period.** The established period of time for which performance will be reviewed and a rating of record will be prepared.
4. **Appraisal Program.** The specific procedures and requirements for appraisal established within the DoD Components under the policies and parameters of the DoD Performance Appraisal System.
5. **Appraisal System.** DoD-wide policies and parameters governing performance appraisal programs under 5 U.S.C. 43, Subchapter 1 (reference (b)), and 5 CFR 430 (reference (c)).
6. **Critical Element.** A work assignment or responsibility of such importance that unacceptable performance on the element would result in a determination that an employee's overall performance is unacceptable.
7. **Non-Critical Element.** A dimension or aspect of individual, team, or organizational performance, exclusive of a critical element, that is used in assigning a summary level. Such elements may include, but are not limited to, objectives, goals, program plans, work plans, and other means of expressing expected performance.
8. **Performance.** The accomplishment of work assignments or responsibilities.
9. **Performance Plan.** All of the written, or otherwise recorded, performance elements that set forth expected performance. A performance plan must include all critical and non-critical elements and their performance standards. It also may include additional performance elements and their performance standards, if any.

10. **Performance Rating.** The written, or otherwise recorded, appraisal of performance compared to the performance standard(s) for each critical element and non-critical element on which there has been an opportunity to perform for the minimum period. A performance rating may include the assignment of a summary level as specified in Section 430.208(d) of 5 CFR (reference (c)).

11. **Performance Standard.** The management-approved expression of the performance threshold(s), requirement(s), or expectation(s) that must be met to be appraised at a particular level of performance. A performance standard may include, but is not limited to, quality, quantity, timeliness, and manner of performance.

12. **Progress Review.** Communicating with the employee about performance compared to the performance standards of critical and non-critical elements.

13. **Rating of Record.** The performance rating prepared at the end of an appraisal period for performance over the entire period and the assignment of a summary level as specified in Section 430.208(d) of reference (c). This constitutes the official rating of record referenced in Part 430 of reference (c).

D. PERFORMANCE APPRAISAL PROGRAM REQUIREMENTS

1. **General.** Each DoD Component shall ensure continuation of current, or establishment of one or more, performance appraisal programs as provided under Section E. of this Subchapter. New or revised performance appraisal programs shall:

- a. Comply with the DoD Performance Appraisal System;
- b. State they comply with the System;
- c. Indicate their effective date;
- d. Specify which employees are covered by the program, the summary level pattern chosen, and the appraisal period;
- e. Specify the procedures and requirements for planning, monitoring, developing, evaluating, and rewarding performance; and
- f. Contain a savings provision comparable to that in Section 430.201(b) of reference (c).

No employee may be concurrently covered by more than one performance appraisal program.

2. Performance Plans

a. Employees must have approved written, or otherwise recorded, performance plans based on work assignments and responsibilities. The plans shall cover the official appraisal period.

b. Performance plans shall be provided to employees at the beginning of each appraisal period (normally within 30 days). They shall include all critical and, where used, non-critical elements and related performance standards. They may also include additional performance elements and related performance standards, if any. Performance plans may contain any combination of critical, non-critical, and additional elements and related performance standards. However, each performance plan shall have at least one critical element that addresses individual performance.

3. **Employee Involvement.** Programs shall provide for employee participation in program development, implementation, and application. For employees who are represented by a labor organization that is accorded exclusive recognition under 5 U.S.C. 71 (reference (b)), employee involvement shall take place consistent with the requirements of that chapter. For other employees, organizations shall determine the method of employee involvement consistent with applicable law and regulation. Programs should encourage employee participation in establishing performance standards.

4. Appraisal Periods

a. Performance appraisal programs shall establish an official appraisal period during which performance shall be monitored and for which a rating of record shall be prepared. The programs shall generally designate appraisal periods so that employees shall be provided a rating of record on an annual basis. When employee work assignments and responsibilities warrant or where performance management objectives can be achieved more effectively, longer appraisal periods may be granted.

b. A rating of record shall be given to each employee as soon as practicable after the end of the appraisal period. When a rating of record cannot be prepared at the time specified in the program, the appraisal period shall be extended until the conditions necessary to meet the minimum period of performance have been met. Thereafter, a rating of record shall be prepared as soon as practicable.

5. **Elements.** Each performance appraisal program shall provide for a minimum of two rating levels for each critical and non-critical element. For critical elements, rating levels shall include rating levels at the "Fully Successful" or equivalent level and at the "Unacceptable" level.

6. **Performance Standards.** Performance standards shall be established at the "Fully Successful" or equivalent level for all critical elements and also may be established at other levels. For non-critical elements, performance standards shall be established at whatever level is

appropriate. The absence of an established performance standard at a level specified in the program shall not prevent a determination that performance is at that level.

7. **Minimum Period of Performance.** Performance appraisal programs shall contain at least a 60-day minimum period of performance that must be completed before a performance rating may be prepared.

8. **Performance Discussions.** Performance appraisal programs shall provide for communicating performance plans (e.g., elements, performance expectations and any goals and objectives) to employees. They shall also include the methods for appraising each critical and non-critical element during the appraisal period against the employee's performance standards. The appraisal methods shall include, but not be limited to, one or more progress reviews during each appraisal period. To the maximum extent possible, progress reviews shall be informative and developmental in nature and shall focus on how to improve future performance.

9. **Summary Level**

a. Each performance appraisal program shall provide a method for deriving and assigning a summary level from one, and only one, of the following patterns based on appraisal of performance on critical elements and, where applicable, non-critical elements:

SUMMARY LEVEL					
PATTERN	1	2	3	4	5
A	X		X		
B	X		X		X
C	X		X	X	
D	X	X	X		
E	X		X	X	X
F	X	X	X		X
G	X	X	X	X	
H	X	X	X	X	X

Under the above patterns, Level 1 through Level 5 are ordered categories, with Level 1 as the lowest and Level 5 as the highest: Level 1 is "Unacceptable"; Level 3 is "Fully Successful" or equivalent; and Level 5 is "Outstanding" or equivalent. The term "Outstanding" shall be used only to describe a Level 5 summary level.

b. A summary level must be assigned when a performance rating is prepared as part of a rating of record. Assigning a summary level at other times is optional.

10. **Distribution of Ratings.** Performance appraisal programs shall not establish a forced distribution of summary ratings. This does not prevent making other distinctions among employees or groups of employees based on performance for purposes other than assigning a summary level (e.g., for award determinations and promotion decisions).

11. **Details, Transfers, and Other Special Circumstances.** Performance appraisal programs shall establish criteria and procedures to address the performance of employees who are on detail, who are transferred, and for other special circumstances established under the program. In situations involving long-term training, managers and supervisors may develop a performance plan relating to the training. The plan could include achievement of specific training objectives. These objectives may be determined to be critical or non-critical.

12. **Transfer of Rating.** Performance appraisal programs shall establish criteria and procedures to address the performance of employees who are transferred. These criteria and procedures shall provide for a transfer of the employee's most recent ratings of record, and any subsequent performance ratings, when an employee transfers. The DoD Components or activities shall take into consideration transferred ratings covering an employee's performance within their current appraisal period when deriving the next rating of record.

13. **Related Personnel Actions.** Performance appraisal programs shall provide for performance appraisals to be used as a basis for taking appropriate personnel actions in accordance with applicable provisions of law and regulation.

14. **Below "Fully Successful" Performance**

a. Programs may provide that managers and supervisors provide assistance to employees whose performance is determined to be below "Fully Successful" or equivalent but above "Unacceptable" at any time during the appraisal period.

b. Performance appraisal programs shall require that managers and supervisors provide assistance to employees to improve unacceptable performance. Assistance may be provided at any time during the appraisal period that performance is determined to be "Unacceptable" in one or more critical elements. Programs shall also provide for reassigning, reducing in grade, or removing employees who continue to have unacceptable performance but only after such employees have an opportunity to demonstrate acceptable performance. Programs shall also provide for review and approval of "Unacceptable" ratings of record by a higher level management official.

15. **Veterans' Ratings.** Performance appraisal programs shall provide that the rating of record or performance rating for a disabled veteran shall not be lowered because the veteran has been absent from work to seek medical treatment as provided in 5 CFR 430.207(f) (reference (c)).

E. IMPLEMENTATION

1. Under Section 430.201(b) of reference (c) and this Subchapter, current DoD Component performance management plans approved by OPM continue in effect as appraisal programs under the DoD Performance Appraisal System (See subsection D.1., above). Actions initiated against unacceptable employees under a performance management plan in existence prior to the effective

date of the DoD Performance Appraisal System shall continue to be processed consistent with that pre-established plan.

2. The DoD Components or activities shall provide the DASD (CPP) a copy of new or revised performance appraisal programs.

SUBCHAPTER 430

APPENDIX B

OFFICE OF PERSONNEL MANAGEMENT APPROVAL
OF THE DOD PERFORMANCE APPRAISAL SYSTEM



United States
**Office of
Personnel Management**

Washington, D.C. 20415

In Reply Refer To:

Your Reference:

JAN 31 1996

Diane M. Disney
Deputy Assistant Secretary of Defense
(Civilian Personnel Policy)
4000 Defense Pentagon
Washington, D.C. 20301-4000

Dear Ms. Disney:

This letter is in response to your request of January 26, 1996, for approval of a new performance appraisal system for the Department of Defense. The new system will apply to all non-SES Department of Defense employees other than those excluded by law, OPM regulation, and those excepted service positions excluded by OPM at the request of the Department of Defense. We have reviewed the system and determined that it meets the requirement of 5 CFR part 430 subpart B. The system is approved.

Please send us, for approval, any future changes that would impact legal or regulatory requirements as they apply to the appraisal system.

Sincerely,

A handwritten signature in cursive script, reading "Doris Hausser", is positioned above the typed name and title.

Doris Hausser, Chief
Performance Management and
Incentive Awards Division
Office of Labor Relations
Workforce Performance

SUBCHAPTER 451

AWARDS

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SUBCHAPTER 451
AWARDS

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Title 5, Code of Federal Regulations, Parts 430, 451, 531 and 534
 - (c) Chapters 12, 21, 33, 43, 45, 53 and 71 of title 5, United States Code
 - (d) Section 1124 of title 10, United States Code
 - (e) Executive Order 10717, "The President's Award for Distinguished Federal Civilian Service," June 27, 1958, as amended
 - (f) Executive Order 9586, "Medal of Freedom," July 6, 1945, as amended
 - (g) Executive Order 11494, "Establishing the Presidential Citizens Medal," November 13, 1969
 - (h) Executive Order 10431, "National Security Medal," January 19, 1953
 - (i) DoD Instruction 1416.4, "Quality Step Increases for Employees Subject to the Classification Act of 1949," March 4, 1963 (hereby canceled)
 - (j) DoD Instruction 5010.39, "Work Force Motivation," November 16, 1984 (hereby canceled)
 - (k) DoD Instruction 5120.16, "Department of Defense Incentive Awards Program: Policies and Standards," July 15, 1974, as amended (hereby canceled)
 - (l) Assistant Secretary of Defense (Force Management & Personnel) Memorandum, "Department of Defense Implementation Plan for Time Off as an Incentive Award," June 12, 1992, as amended (hereby canceled)
 - (m) DoD Directive 1432.2, "Honorary Awards to Private Citizens and Organizations," February 28, 1986 (canceled)
 - (n) DoD Directive 5120.15, "Authority for Approval of Cash and Honorary Awards for DoD Personnel," August 12, 1985 (canceled)
 - (o) DoD 7000.14-R, "Department of Defense Financial Management Regulation," Volume 8, "Civilian Pay Policy and Procedures," June 1994, authorized by DoD Instruction 7000.14, "DoD Financial Management Policy and Procedures," November 15, 1992

A. PURPOSE

This Subchapter implements DoD policies under references (a) through (c) and delegates authority, assigns responsibility, and establishes requirements for awards and awards programs for civilian employees within the Department of Defense. Additionally, this Subchapter establishes DoD-level awards for private citizens, groups or organizations, provides guidance for awards established by Components for private citizens and others, provides guidance for awards to military personnel under reference (d) above and issues procedures to be observed by Components in recognizing or recommending to the Secretary of Defense civilian employees or others for Presidential-level awards established under references (e) through (h). This subchapter also cancels references (i) through (l) and supersedes references (m) and (n).

B. POLICY

1. It is DoD policy under DoD Directive 1400.25 (reference (a)) to encourage the full participation of DoD personnel at all levels in improving Government operations and, under references (a) through (h) to pay cash awards, grant time-off, or incur necessary expenses for the honorary and informal recognition of DoD personnel, either individually or as a member of a group, on the basis of:

a. A suggestion, invention, productivity gain, superior accomplishment, or other personal effort that contributes to the efficiency, economy, or other improvement of Government operations or achieves a significant reduction in paperwork;

b. A special act or service in the public interest in connection with or related to official employment; or,

c. Performance as reflected in the employee's most recent rating of record as defined by 5 CFR 430.203 (reference (b)).

2. Awards under this Subchapter shall be granted consistent with Equal Employment Opportunity and Affirmative Employment Program policies and shall be free from discrimination regardless of race, color, religion, age, sex, national origin, or disability.

3. Awards programs for civilian employees shall involve employees or their representatives in program development and implementation as appropriate. The method of involvement shall be in accordance with applicable law.

4. Policies and standards governing awards for which both DoD civilian and military personnel are eligible shall be applied equitably to the extent consistent with applicable law and regulation.

5. Awards granted under this Subchapter shall be subject to applicable tax rules.

6. Awards granted under this Subchapter shall be given due weight in qualifying and selecting an employee for promotion as required by 5 U.S.C. 3362 (reference (c)).

7. Awards which are separate from awards and awards programs created to recognize civilian employees may be established to recognize private citizens, groups and organizations that significantly assist or support DoD functions, services or operations performed as a public service. Such awards shall be established and administered consistent with Section O of this Subchapter.

C. DEFINITIONS

1. **Award**. Something bestowed or an action taken to recognize and reward individual or team achievement that contributes to meeting organizational goals or improving the efficiency, effectiveness, and economy of the Government or is otherwise in the public interest. Such awards

include, but are not limited to, employee incentives that are based on predetermined criteria such as productivity standards, performance goals, measurements systems, award formulas, or payout schedules.

2. **Award Program**. The specific procedures and requirements established in a DoD Component for granting awards under 5 CFR 451 (reference (b)) and this Subchapter.

3. **Monetary Award**. An award in which the recognition device is a cash payment that does not increase the employee's rate of basic pay.

4. **Non-Monetary Award**. An award in which the recognition device is not a cash payment or time-off as an award but rather an award of a honorific value, e.g. a letter, certificate, medal, plaque or item of nominal value.

5. **Time-Off Award**. An award in which time-off from duty is granted without loss of pay or charge to leave and for which the number of hours granted is commensurate with the employee's contribution or accomplishment.

6. **Tangible Benefit**. Savings to the Government that can be measured in terms of dollars.

7. **Intangible Benefit**. Savings to the Government that cannot be measured in terms of dollars.

D. AWARD RESTRICTIONS

1. **Limitations of Awards During a Presidential Election Year**. Components shall not grant awards under the conditions set forth under 5 CFR 451.105 (reference (b)). This applies to monetary and time-off awards. However, non-monetary awards such as certificates, plaques and items of a similar nature are permitted provided that the form of the non-monetary award avoids the appearance of replacing a bonus. As non-monetary awards may take a wide variety of forms with a wide variance, both in terms of direct costs and the appearance of such value, recognition by non-monetary award should create the inherent impression of symbolic value (an honor being bestowed) rather than monetary worth (cash value).

2. **Prohibition of Cash Award to Executive Schedule Officers**. DoD Components shall not grant cash awards under the conditions set forth under 5 CFR 451.105 (reference (b)).

E. ELIGIBILITY

1. **General**. Civilian employees who meet the definition of "employee" under 5 U.S.C. 2105 (reference (c)) are eligible to receive awards under this Subchapter. Unless otherwise provided, under 10 U.S.C. 1124 (reference (d)) members of the Armed Forces are eligible to be paid monetary awards for only suggestions, inventions, and scientific achievements. Performance awards may be paid to Senior Executive Service (SES) employees only under

5 CFR 534.403 (reference (b)) and not on the basis of this Subchapter. Private citizens and organizations may be recognized for significant contributions to the Department with non-monetary awards only.

2. **Former Employees.** Under 5 CFR 451.104 (reference (b)), awards for contributions made by an individual when employed by the Department of Defense may be paid to a former employee or to the estate or legal heirs of a deceased employee. Awards to separated or deceased members of the Armed Forces for contributions made while the member was on active duty may be paid to the former member or to the member's estate or legal heirs.

3. **Non-Appropriated Fund Employees.** Employees paid with nonappropriated funds are not eligible to receive monetary awards paid from appropriated funds but may receive non-monetary awards under this subchapter.

4. **Foreign National Employees**

a. A foreign national individual who meets the definition of employee as defined under 5 U.S.C. 2105 (reference (c)) and is paid with U.S. funds, i.e. direct hire employee, is eligible to receive awards under this Subchapter.

b. A foreign national individual who is paid on a cost reimbursable basis by agreement with a foreign country, i.e. indirect hire employee, is not eligible to receive monetary awards but may receive non-monetary awards under this Subchapter.

F. RESPONSIBILITIES

1. The **Assistant Secretary of Defense for Force Management Policy (ASD(FMP))** shall:

a. Issue DoD-wide policies and procedures governing the establishment and administration of awards and awards programs;

b. Review and, if merited, forward to the Director of the Office of Personnel Management (OPM) recommendations for awards that would grant more than \$10,000 to an individual employee;

c. Review and approve or disapprove, as appropriate, a recommendation for an award of more than \$10,000 for a suggestion, invention, or scientific achievement by members of the Armed Forces, regardless of the number of individuals who may share therein;

d. Review and endorse, if appropriate, DoD Component recommendations for honorary Presidential-level awards; and,

e. Establish DoD-level awards and awards programs and delegate administration of such programs where appropriate.

2. The **Director of Administration and Management (Office of the Secretary of Defense) (DA&M)** shall work jointly with the ASD(FMP) in the development and establishment of DoD-level awards and shall administer the DoD-level civilian honorary awards program.

3. The **Deputy Assistant Secretary of Defense for Civilian Personnel Policy (DASD(CPP))** shall:

- a. Recommend DoD-wide policies and procedures governing the establishment and administration of awards and awards programs;
- b. Evaluate the implementation and effectiveness of DoD Components' award program(s) and make recommendations as may be necessary; and,
- c. Coordinate DoD-wide awards information.

4. The **Heads of the DoD Components** shall:

- a. Ensure the development, implementation, application, and evaluation of one or more awards programs for employees covered under this Subchapter;
- b. Ensure funds are obligated consistent with applicable DoD Component financial management controls and delegations of authority;
- c. Ensure that awards programs do not conflict with or violate any other law or Government-wide regulation;
- d. Ensure that criteria for awards do not discriminate against individuals on the basis of race, color, religion, age, sex, national origin, or disability;
- e. Endorse to the ASD(FMP) for review or approval recommendations for awards that would grant more than \$10,000 to a single civilian employee; and,
- f. Endorse to the ASD(FMP) for review and approval recommendations that would result in an award of more than \$10,000 for a single contribution by members of the armed forces, regardless of the number of individuals entitled to share therein.

G. AWARD PROGRAM REQUIREMENTS

The establishment, administration or operation of award programs shall provide for:

- 1. Reviewing award recommendations for which approval authority has not been delegated to officials at lower levels within the organization;
- 2. Communicating the relevant parts of award programs to managers, supervisors, and employees;

3. Evaluating and assessing awards and award program(s) to ensure that awards: (1) are used to motivate, recognize, and reward eligible personnel; (2) exhibit a close, demonstrable link between performance, accomplishment, or contribution to DoD Component goals and objectives and the receipt of an award; and (3) are granted commensurate with the value of the employee's contribution or accomplishment;

4. Documenting all cash and time off awards in compliance with 5 CFR 451.106(e) (reference (b)); filing award documents in compliance with the requirements of 5 CFR 451.106(f) (reference (b)); reporting awards data to the Central Personnel Data File (CPDF) in compliance with 5 CFR 451.106(g) (reference (b)) or reporting awards data as required by OPM on an as needed basis; reporting cash awards for military members as required in section H.4.c. below; and following appropriate DoD financial management regulations on civilian pay policies and procedures under DoD 7000.14-R (reference (o));

5. Granting quality step increases consistent with the provisions of 5 CFR 531 Subpart E (reference (b)) and Section J, "Quality Step Increases", of this Subchapter.

6. Documenting justification for awards that are not based on a rating of record under 5 CFR 451.103 (reference (b)); and,

7. Developing guidelines requiring managers and supervisors to demonstrate involvement in equal employment opportunity-related activities to receive awards, as appropriate.

H. MONETARY AWARDS

1. General. Under 5 U.S.C. 4502 (reference c)

a. A monetary award is in addition to the regular pay of the recipient;

b. Acceptance of a monetary award constitutes an agreement that the use by the Government of an idea, method, or device for which an award is made does not form the basis of a further claim of any nature against the Government by the employee, his or her legal heirs, or assigns; and

c. A monetary award to, and the expense for the honorary recognition of, an employee may be paid from the fund or appropriation available to the activity primarily benefiting or the various activities benefiting.

2. **Awards to Other Agency or Component Personnel.** For awards approved for employees of other Federal agencies or other DoD Components, the Component(s) that benefits shall make arrangements to transfer funds to the individual's employing Component or agency. If the administrative costs of transferring funds would exceed the amount of the award, the Component employing the individual shall absorb the costs and pay the award.

3. **Calculation of Savings.** Tangible savings shall be calculated on the basis of estimated net savings for the first full year of operation. Exceptions may be made in the case where an improvement with a high installation cost will yield measurable savings continuing more than one year. In this instance, the award may be based on the average annual net savings over a period of several years. The years may not exceed the reasonable life of the initial installation or the clearly predictable period of use, whichever is shorter.

4. **Awards to Military Members**

a. Under 10 U.S.C. 1124 (reference (d)), the total amount of the monetary award made for a suggestion, invention, or scientific achievement may not exceed \$25,000, regardless of the number of persons who may be entitled to share therein.

b. Under 5 CFR 451.104 (reference (b)), funds shall be transferred to the DoD Component having jurisdiction over the member.

c. Cash awards for military members shall be reported annually to the DASD(CPP) consistent with instructions on a DD Form 1609. The reporting requirements for military personnel are assigned DD-MA(A) 1345.

5. **Examples of Awards Scales.** Appendices C and D are models of awards scales based upon tangible and intangible benefits.

I. **PERFORMANCE-BASED CASH AWARDS**

Under 5 U.S.C. 4505a reference (c)),

1. Monetary awards may be granted to an employee whose most recent rating was at Level 3 (fully successful level or equivalent) or higher, as defined in 5 CFR 430.208 (reference (b));

2. An award granted under this section may not exceed 10 percent of the employee's annual rate of basic pay, except that the Component Head may determine that exceptional performance by the employee justifies an award exceeding 10 percent and may authorize an award up to 20 percent of the employee's annual rate of basic pay. For an award that is paid as a percentage of basic pay, the rate of basic pay shall be determined without taking into account any locality-based comparability, special law enforcement adjustment, or interim geographic adjustment;

3. Employees may not appeal a decision not to grant an award or the amount of the award paid under this section. This does not extinguish or lessen any right or remedy under Chapter 12, Subchapter II of 5 U.S.C. (reference (c)) or Chapter 71 of 5 U.S.C. (reference (c)), or any of the laws referred to in 5 U.S.C. 2302 (reference (c)); and

4. Awards granted under this section shall be paid as a lump sum and may not be considered to be part of the basic pay of an employee.

J. QUALITY STEP INCREASES

1. A quality step increase may be granted consistent with 5 U.S.C. 5336 (reference (c)) and 5 CFR 531 Subpart E (reference (b)). Under these references, a quality step increase is in addition to a periodic step increase under section 5335 of reference (c). It provides an incentive and recognition of high quality performance above that ordinarily found in the type of position concerned by granting faster than normal step increases. An employee is eligible for only one quality step increase within any 52 week period.

2. Under section 531.504 of reference (b), an employee covered by a performance appraisal program established under part 430, subpart B of reference (b) must receive a rating of record of Level 5 ("Outstanding") (or equivalent) as defined in Section 430.208 (reference (b)) in order to be eligible for a quality step increase. An employee covered by a performance appraisal program that does not use a Level 5 summary level must receive a rating of record at the highest summary level under the program and must demonstrate sustained performance of high quality significantly above that expected at the Level 3 ("Fully Successful" or equivalent) level in the type of position concerned as determined under component established performance-related criteria. As quality step increases become part of base pay, the grant of a quality step increase should be based on performance which is characteristic of the employee's overall high quality performance and the expectation that this high quality performance will continue in the future.

3. Quality step increases shall be reported to the Central Personnel Data File consistent with 5 CFR 531.507(b) (reference (b)).

K. SUGGESTION AWARDS

1. General

a. To be considered for an award, a suggestion must:

(1) Identify an improvement in the quality of operations, a cost reduction opportunity, or an improvement in the timeliness of service delivery that results in tangible or intangible benefits to the U.S. Government; and,

(2) Be adopted in whole or in part for implementation. The suggestion should set forth a specific proposed course of action to achieve the improvement or cost reduction.

b. Ideas or suggestions that point out the need for routine maintenance work, recommend enforcement of an existing rule, propose changes in housekeeping practices, call attention to errors or alleged violations of regulations, or result in intangible benefits of "good will" are not eligible for consideration.

c. DoD personnel who make suggestions concerning improvement of materials or services purchased from a contractor may be paid a monetary award only if the improvement results in tangible benefits or intangible benefits to the Government. The suggestion must be

processed through Government channels to identify correctly the origin of the proposal and the benefits to the Government. Government employees or members of the Armed Forces shall not be paid awards based upon benefits to the contractor.

2. Award Amounts and Financing

a. Awards for suggestions shall be based upon tangible or intangible benefits or a combination thereof.

b. When a suggestion is adopted by another organization, the benefiting organization shall share in the cost of the total award commensurate with the benefit. The suggester's organization will notify the benefiting organization(s) of the amount due and the benefiting organization(s) shall take prompt action to transfer the funds.

L. INVENTIONS

1. General

a. DoD Component offices responsible for patent matters shall determine that the invention is of value or potential value to the Department of Defense and that the invention was made under circumstances that resulted in the Government initiating action to obtain the title or license.

b. To be considered for an award, the DoD Component's office for patent matters shall verify to the appropriate award's office that conditions in section L.1.a., above, have been met.

c. If the conditions under paragraph L.1.a. above, are not met, but the invention is determined to be of value to the Department of Defense and the inventor consents to consideration for an award, the inventor will be required to sign a claim waiver agreement to be paid an award.

2. Award Payments

a. Eligible personnel may be paid a nominal initial monetary award and an additional monetary award when the patent covering the invention is issued.

b. If an application for a patent is placed under a secrecy order, the individual will become eligible for the additional award when a Notice of Allowability of the application is issued by the U.S. Patent Office instead of issuance of a patent.

c. Awards under this section are not authorized if a monetary award has been paid for the same contribution as a suggestion.

M. HONORARY AWARDS

1. DoD Components shall not title a Component established award or award program "Department of Defense" or "Secretary of Defense," either in whole or in part.
2. Honorary awards to DoD personnel may be granted independently or in addition to a monetary or a time-off award.
3. Appendix A lists DoD-level honorary awards for which career civilian employees may be eligible. It also lists Presidential-level awards for which both civilian employees, military members and private citizens may be eligible.

N. TIME-OFF AWARDS

1. **General.** Time-off awards are an alternate means of recognizing the superior accomplishments of employees with other than monetary or non-monetary awards. Decisions to grant time-off awards shall be based upon the same criteria or circumstances as for any other incentive award. Time-off awards shall not be granted to create the effect of a holiday or treated as administrative excusals or leave; i.e. they shall not be granted in conjunction with a military "down" or "training" day or the like which would grant the entire civilian employee population, or a majority of the civilian population, a time-off award to be used on a specified day. Though time-off awards may not have an immediate budget consequence, supervisors and managers shall consider fully wage costs and productivity loss when granting time-off awards and shall ensure that the amount of time-off granted as an award is commensurate with the individual's contribution or accomplishment.

2. Award Amount Limits

a. The amount of time off granted to any one individual in any one leave year should not exceed 80 hours. For part-time employees or those with an uncommon tour of duty, total time off granted during any calendar year should be based on the average number of hours of work generally worked during a two-week period.

b. The amount of a time-off award granted to an individual for a single contribution should not exceed 40 hours. For part-time employees or those with an uncommon tour of duty, the maximum award for any single contribution should be one-half of the amount of time that would be granted during the year.

3. **Time Limit to Use Award.** Time off granted as an award should be scheduled and used within one year after the effective date of the award.

4. **Conversion to Cash Award.** Under 5 CFR 451.104 (reference (b)), a time-off award shall not be converted to a cash payment under any circumstances.

5. **Portability.** A time-off award shall not be transferred between DoD Components. Managers and supervisors should make every effort to ensure that the employee is able to use the time-off award before he or she leaves the granting Component.

O. AWARDS FOR PRIVATE CITIZENS AND ORGANIZATIONS

1. **General.** Private citizens, groups, and organizations that significantly assist or support DoD functions, services, or operations may be recognized to demonstrate the interest of DoD management in improving efficiency and effectiveness, and to encourage citizens and organizations in their efforts to assist in the accomplishment of DoD missions. The awards shall be honorary only. Appendix B lists DoD-level awards for which non-career individuals or private citizens may be eligible.

2. Eligibility

a. Any person, group, or organization, except for those described in paragraph O.2.b., below, may be considered for recognition under this section based on a significant contribution to the Department of Defense performed as a public service.

b. Persons or organizations having a commercial or profitmaking relationship with the Department of Defense or with a DoD Component shall not be granted recognition, unless the contribution is substantially beyond that specified or implied within the terms of the contract establishing the relationship, or the recognition is clearly in the public interest.

SUBCHAPTER 451

APPENDIX A

DOD AND PRESIDENTIAL-LEVEL HONORARY AWARDS

A. DOD-LEVEL HONORARY AWARDS

1. Department of Defense Distinguished Civilian Service Award

a. **General.** This award is the Department's highest award given to career DoD civilian employees whose careers reflect exceptional devotion to duty and whose contributions to the efficiency, economy, or other improvements in DoD operations are of a significantly broad scope. Awards may be granted for contributions in a scientific field or for accomplishments in technical or administrative endeavors. Career DoD employees normally compete for this award with the competition culminating with an annual ceremony recognizing from five to seven employees from throughout the Department of Defense. To have received this award through strict competition is considered extremely prestigious. On rare occasions, when recommended by Secretaries of the Military Departments, Directors of Defense Agencies or Heads of OSD Components, the Secretary of Defense may approve this award on a non-competitive basis. When granted non-competitively, the justification for the award must show that the nominee's contributions to the mission of the organization are of such major significance that immediate recognition is warranted. All nominations for this award must be submitted to the Director, Administration and Management, OSD, for forwarding to the Secretary of Defense for approval.

b. **Additional Information.** Further information on eligibility, criteria, and nominating procedures may be obtained from Washington Headquarters Services, Directorate for Personnel and Security, Labor and Management Employee Relations Division.

2. Secretary of Defense Meritorious Civilian Service Award

a. **General.** This award is the second highest award granted to career civilian employees of the Department of Defense and other Government Agencies who have distinguished themselves by exceptionally meritorious service of major significance to the Department of Defense. This award requires review by the OSD/JS Incentive Awards Board (IAB). The IAB recommends approval or disapproval of the award. The final approval rests with the Secretary of Defense.

b. **Additional Information.** Further information on eligibility, criteria, and nominating procedures may be obtained from Washington Headquarters Services, Directorate for Personnel and Security, Labor and Management Employee Relations Division.

B. PRESIDENTIAL-LEVEL HONORARY AWARDS

1. President's Award for Distinguished Federal Civilian Service

a. **General.** Established by E.O. 10717 (reference (f)), this award is the highest honor for extraordinary achievement in Federal service. It is granted by the President to career service individuals whose accomplishments and achievements exemplify, to an exceptional degree, imagination, courage, and extraordinary ability in carrying out the mission of the Government. This award is highly selective and nominated individuals should have received their Component's highest award for civilians to be considered.

b. **Additional Information.** Further information on eligibility, criteria and nominating procedures may be obtained from the Defense Civilian Personnel Management Service.

2. Presidential Medal of Freedom

a. **General.** Established by E.O. 9586 (reference (g)), this medal is awarded by the President for exceptionally meritorious contributions to national security interests of the United States, world peace, cultural, or other exceptionally significant public or private endeavors. It is bestowed at the sole discretion of the President. The basis for nomination must be of the most significant nature to the nation as a whole.

b. **Additional Information.** Further information on eligibility, criteria and nominating procedures may be obtained from the Defense Civilian Personnel Management Service.

3. Presidential Citizens Medal

a. **General.** Established by E.O. 11494 (reference (h)), this medal is awarded by the President to individuals who have performed exemplary deeds of service for the country of similar nature to the Medal of Freedom, but of a lesser impact or scope.

b. **Additional Information.** Further information on eligibility, criteria, and nominating procedures may be obtained from the Defense Civilian Personnel Management Service.

4. National Security Medal

a. **General.** Established by E.O. 10431 (reference (i)), this medal is awarded by the President to individuals for extraordinary contributions to the country specifically related to matters of national security.

b. **Additional Information.** Further information on eligibility, criteria, and nominating procedures may be obtained from the Defense Civilian Personnel Management Service.

SUBCHAPTER 451

APPENDIX B

**DOD-LEVEL HONORARY AWARDS
FOR PRIVATE CITIZENS**

A. DEPARTMENT OF DEFENSE DISTINGUISHED PUBLIC SERVICE AWARD

1. **General.** This is the highest honorary award granted to non-career Federal employees, private citizens, and foreign nationals who have performed exceptionally distinguished service of significance to the Department of Defense as a whole or service of such exceptional significance to a DoD Component or function that recognition at the Component level is insufficient. The nominee may have rendered service or assistance at considerable personal sacrifice and inconvenience that was motivated by patriotism, good citizenship and a sense of public responsibility. To be eligible, the nominee shall be an individual who does not derive his or her principal livelihood from the Federal Government.

2. **Additional Information.** Further information on eligibility, criteria, and nominating procedures may be obtained from Washington Headquarters Services, Directorate for Personnel and Security, Labor and Management Employee Relations Division.

B. SECRETARY OF DEFENSE AWARD FOR OUTSTANDING PUBLIC SERVICE

1. **General.** This is the Department's second highest honorary award granted by the Secretary of Defense to non-career Federal civilian employees, private citizens and foreign nationals for contributions, assistance or support to Department of Defense functions that are extensive enough to warrant recognition but are lesser in scope and impact than is required for the Department of Defense Distinguished Public Service Award. To be eligible, the nominee shall be an individual who does not derive his or her principal livelihood from the Federal Government.

2. **Additional Information.** Further information on eligibility, criteria, and nominating procedures may be obtained from Washington Headquarters Services, Directorate for Personnel and Security, Labor and Management Employee Relations Division.

SUBCHAPTER 451

APPENDIX C

SCALE OF AWARD AMOUNTS BASED ON

TANGIBLE BENEFITS TO THE GOVERNMENT

BENEFITS

AWARDS

Estimated First-Year Benefits

Amount of Award to Employee

Up to \$100,000 in benefits

10% of benefits,

\$100,001 and above in benefits

\$10,000 plus 1% of benefits above
\$100,001, up to \$25,000 with the
approval of the Office of Personnel
Management.

*Presidential approval is required for
all awards of more than \$25,000.*

SUBCHAPTER 451

APPENDIX D

SCALE OF AWARD AMOUNTS BASED ON

INTANGIBLE BENEFITS TO THE GOVERNMENT

VALUE OF BENEFIT	EXTENT OF APPLICATION			
	LIMITED Affects functions, mission, or personnel of one facility, installation, regional area, or an organizational element of headquarters. Affects small area of science or technology.	EXTENDED Affects functions, mission, or personnel of an entire regional area, command, or bureau. Affects an important area of science or technology.	BROAD Affects functions, mission, or personnel of several regional areas or commands, or an entire department or agency. Affects an extensive area of science or technology.	GENERAL Affects functions, mission, or personnel of more than one department or agency, or is in the public interest throughout the Nation and beyond.
MODERATE Change or modification of an operating principle or procedure with limited use or impact.	\$25 - \$125	\$126 - \$325	\$326 - \$650	\$651 - \$1,300
SUBSTANTIAL Substantial change or modification of procedures. An important improvement to the value of a product, activity, program, or service to the public.	\$125 - 325	\$326 - \$650	\$651 - \$1,300	\$1,301 - \$3,150
HIGH Complete revision of a basic principle or procedure; a highly significant improvement to the value of a product or service.	\$325- \$650	\$651 - \$1,300	\$1,301 - 3,150	\$3,151 - \$6,300
EXCEPTIONAL Initiation of a new principle or major procedure; a superior improvement to the quality of a critical product, activity, program, or service to the public.	\$650 - \$1,300	\$1,301 - \$3,150	\$3,151 - \$6,300	\$6,301 - \$10,000

SUBCHAPTER 511

CLASSIFICATION PROGRAM

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SUBCHAPTER 511

CLASSIFICATION PROGRAM

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Chapters 51 and 53, Subchapter IV, Section 5346, of title 5, United States Code.
 - (c) Title 32, United States Code.
 - (d) Title 5, Code of Federal Regulations, Parts 511 and 532, Subparts F and G

A. PURPOSE

This Subchapter implements Department of Defense (DoD) policy and procedures; assigns responsibilities; and, defines coverage, exclusions, and terms relating to the DoD Classification Program. These provisions apply to all aspects of the Program for the General Schedule (GS) and Federal Wage System (FWS) unless otherwise specified. This Subchapter creates a DoD system for employees to appeal the classification of their positions with the Department of Defense as the employing agency or through the DoD Civilian Personnel Management Service (CPMS) to the Office of Personnel Management (OPM). It also creates a DoD system for managing consistency reviews that result from classification appeals and other reviews that are deemed necessary by OPM, Office of the Secretary of Defense (OSD) staff, or the DoD Components.

B. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (a)) that:

1. Secretaries of the Military Departments, Directors of Defense Agencies and DoD Field Activities with independent appointing authority, and the OSD Director of Administration and Management shall exercise classification authority and are encouraged to redelegate it to the lowest practical level. DoD officials with delegated classification authority shall classify positions consistent with published classification standards, according to the principle of equal pay for substantially equal work. Officials shall also comply with classification appeal processing, certificate, and consistency review requirements.
2. DoD supervisors and managers who direct the work of an organizational unit are responsible and accountable for organizing work in an efficient, effective manner, and for optimizing resources to carry out the missions of their organizations. They shall ensure that employees have copies of their position descriptions (PDs), and shall objectively, expeditiously, and fairly consider employee concerns over the accuracy of their PDs, the classification of their positions, and formal classification appeals.
3. DoD employees are entitled to present classification appeals under this Subchapter and to communicate with supervisors or managers and officials in their servicing Civilian Personnel Offices/Human Resource Offices (CPOs/HROs) without restraint, coercion, discrimination, or

fear of reprisal. Employees are entitled to be represented by someone of their choosing in presenting their appeals. Employees and their representatives shall have full access to information relevant to their pending appeal and be permitted a reasonable amount of official duty time, if in a duty status at the employing activity, to prepare an appeal and to communicate with management and personnel officials. Filing a classification appeal does not affect any other rights or privileges that employees may have under other provisions of law or regulation. Concerns over the accuracy of the PD shall be processed under the appropriate dispute resolution procedure.

C. **DEFINITIONS**

1. **Agency**. For purposes of this Subchapter, DoD is the agency, as defined in 5 U.S.C. 101, 105, 5102, and 5342 (reference (b)).
2. **Appeal or Group Appeal**. A written request by an employee, a group of employees occupying identical positions, or by an agency, under 5 U.S.C. 5103 or 5112 (reference (b)), asking DoD or OPM to change the official pay plan, title, series, or grade of a position.
3. **Appeal File**. A file containing all official documents or copies of official documents related to the appeal.
4. **Classification Certificate**. A final classification appeal decision issued by deciding officials on the classification of a position. It may also be referred to as a certificate or an appeal decision in this document.
5. **Consistency Plan**. A part of the consistency report, the written plan to review positions that may be inconsistently classified.
6. **Consistency Report**. A written, phased report to advise of the initial, interim, or final results of a consistency review.
7. **Consistency Review**. A review directed when there is a probability that identical, similar, or related positions may be inconsistently classified.
8. **Core Document (CD)**. A document that contains a description of the officially assigned duties and responsibilities that also includes integrated information for position classification, staffing, performance measurement, and training. This term is interchangeable with the term, PD, for purposes of this Subchapter. This term is also synonymous with the term, core personnel document (CPD), as used in the Air Force.
9. **Days**. Calendar days.
10. **Deciding Officials**. Persons delegated authority to make final classification appeal decisions.

11. **DoD Component.** The OSD; the Military Departments (including Air and Army National Guard); the Chairman of the Joint Chiefs of Staff; the Inspector General of the Department of Defense (IG, DoD); the Defense Agencies, except the National Security Agency (NSA), the Defense Intelligence Agency (DIA); and the National Imagery and Mapping Agency (NIMA); and, the DoD Field Activities.

12. **Employee.** Except those employees excluded in Subsection D.2., below, a current DoD employee as defined in 5 U.S.C. 5102 (reference (b)) (includes 32 U.S.C. 709 (reference (c)) National Guard Technicians). This definition also includes an employee whose death occurs after filing but before the final appeal decision when there is an entitlement to retroactive benefits.

13. **Employee Representative.** An individual designated in writing by an employee to advise or represent the employee in a classification appeal.

14. **Identical Position.** A position whose duties, responsibilities, and qualifications are identical to the certified position; i.e., shares the same PD or CD (also known as identical additional).

15. **Position Description (PD).** A description of the officially assigned duties and responsibilities that also includes sufficient information on classification and qualification factors. This term is interchangeable with CD and CPD for purposes of this Subchapter.

16. **Reconsideration Request.** A written request to reopen a classification appeal.

17. **Related Position.** One whose classification is dependent upon the classification of the certified position; e.g., supervisor and leader positions.

18. **Similar Position.** One whose duties, responsibilities, and qualifications are so closely related to the appealed position that identical classification is required.

19. **Standardized Position Description (SPD).** A description of the officially assigned work that is general enough to cover many positions and contains sufficient information on classification and qualification factors. This term is interchangeable with the term, standardized core document (SCD), for purposes of this Subchapter. This term is also synonymous with the term, standardized core personnel document (SCPD), as used in the Air Force.

20. **Suspension Request.** A written request to suspend the required implementation of a classification certificate that directs a change in the classification of a position.

21. **Temporary Compliance Request.** A written request to implement a classification certificate using temporary promotion or reassignment authority to allow employees any immediate benefits, pending final resolution of a case under reconsideration.

D. APPLICABILITY AND COVERAGE

1. **Organizations.** This Subchapter applies to the DoD Components, except as excluded by 5 U.S.C. 5102 (reference (b)).

2. **Employees and Positions.** This Subchapter covers bargaining unit and non-bargaining unit employees under the GS and FWS pay systems. This Subchapter does not cover employees and positions excluded by 5 U.S.C. 5102(c) (reference (b)), except for those in 5 U.S.C. 5102(c)(7) (reference (b)) under the FWS pay system; in the Senior Executive Service (SES); Senior Level (SL); Scientific and Technical (ST); nonappropriated fund (NAF); Civilian Intelligence Personnel Management System (CIPMS); or, non-U.S. citizens.

3. **Appealable Issues.** Except as identified in Subsection D.1. and 2., above, this Subchapter applies to any appeal relating to the classification of the position (i.e., the title, series, grade, or pay system) that an employee or group of employees officially occupies.

4. **Nonappealable Issues.** This Subchapter does not apply to:

- a. The accuracy of the official PD, including the inclusion or exclusion of a major duty;
- b. An assignment or detail outside the range of the official PD;
- c. The accuracy, consistency, or use of DoD or DoD Component-unique supplemental classification guidance; or,
- d. Position titles not prescribed by OPM classification standards; i.e., constructed position titles or optional parenthetical titles.

5. **Nonappealable and Nonreviewable Issues.** The following are both nonappealable and nonreviewable:

- a. The class, grade, or pay system of a proposed position or one to which the employee is not assigned by an official personnel action;
- b. The class, grade, or pay system of a position to which the employee is officially detailed or temporarily promoted on a time-limited basis, except that employees serving under time-limited promotion for 2 years or more may appeal the classification of their positions;
- c. The classification of a position based on position-to-position comparisons rather than the classification standards;
- d. The accuracy of grade level criteria contained in an OPM classification guide or standard used to classify a position;

e. The classification of a position for which a CPMS, DoD Component, or OPM appeal decision has previously been rendered unless there has been a subsequent change in the governing classification standard(s) or a material change in the major duties of the position;

f. The rate of pay;

g. The propriety of a wage schedule; or,

h. Matters grievable under an administrative or negotiated grievance procedure or an alternative dispute resolution procedure.

E. CLASSIFICATION APPEALS PROCEDURES

1. Appeal Submission

a. **Filing.** GS employees may file an appeal with CPMS, OPM, or through CPMS to OPM. FWS employees must appeal to and receive an appeal decision from CPMS before appealing to OPM. An appeal to OPM cancels any GS appeal pending with CPMS. Employees must submit their appeals through the servicing Civilian Personnel Office/Human Resource Office (CPO/HRO). This procedure will ensure appeal files contain all required information and is not intended to discourage employees from exercising their appeal rights.

b. **Time Periods.** Employees may file an appeal under this Subchapter at any time. However, when the issue involves a downgrade or any other action that resulted in a loss of grade or pay, in order to preserve any entitlement to retroactive correction, employees must file any appeals no later than 15 calendar days after the effective date of the subject personnel action. FWS employees who file subsequent appeals to OPM must file within 15 calendar days after the date of receipt of the CPMS appeal decision. When employees show that they did not receive notice of the applicable time limit or were prevented from timely filing by circumstances beyond their control, deciding officials may grant an extension of the appeal period.

c. **Documentation.** To expedite the process, employees must ensure that their appeal includes one copy of all the written documentation listed in Appendix A of this Subchapter and complies with the required time periods. If any documentation is missing, deciding officials may suspend case processing and request required documents from the servicing CPO/HRO or the employee, as appropriate, before proceeding. If deciding officials do not receive the required documents within the time periods specified, they may cancel the appeal.

d. **PD Accuracy.** Deciding officials shall return appeals that do not contain official PDs certified as accurate by the employee and supervisor to allow for resolution. If the employee believes the official PD is not accurate, the employee must seek resolution of that issue through the appropriate dispute resolution procedure before submitting the classification appeal.

e. **Employee Claims of Classification Inconsistency.** Employees may only appeal the classification of their positions based upon a comparison with the classification standards.

Employees claiming classification inconsistency may do so only as an integral part of a formal classification appeal. See Appendix A of this Subchapter for required information.

2. **Employee Representation.** An employee presenting an appeal may be represented by a representative of his or her own choosing (including a union representative). The designation of a particular representative may be disallowed where the activities of the chosen representative would create a conflict of interest, conflict with mission priorities, or result in unreasonable cost. Under such circumstances, an employee wanting representation will be requested to select another representative. Specifically, an employee's representative cannot be a supervisor with line or staff authority over the position, any official having classification authority over the position, or any personnel staff member. Employee representatives have the same obligation to cooperate in prompt processing of the appeal as the employees. Employee representatives generally may not participate in on-site audits and fact-finding unless specifically requested by deciding officials, or unless a binding labor-management agreement provides otherwise.

3. **Official Time Use.** Supervisors or managers may provide employees and their representatives with a reasonable amount of time for the preparation of a classification appeal. Employees and their representatives must make advance arrangements with their supervisors for the use of official time. Disagreements will be referred to succeeding levels of management and to the head of the activity for final resolution, as necessary.

4. **Employee Case File Assistance.** Servicing CPOs/HROs shall provide assistance to employees by making available regulatory material; certifying the accuracy of the PD; involving management officials with delegated classification authority, as appropriate; reviewing the technical merits of the case; assembling the appeal submission and case file; making the case file available; advising on requirements for retroactive corrective action; and, providing other management advisory services as necessary. If the responsible classification authority at the activity level where the determination originated agrees with the employee's initial request, it will take the appropriate corrective action; otherwise it forwards the complete case file for adjudication.

a. **Time Periods for Initial Case File Processing.** Servicing CPOs/HROs shall assemble and forward the employee's appeal file and the servicing CPO's/HRO's administrative report to CPMS within 15 calendar days of receipt of the employee's formal appeal, unless CPMS deciding officials grant a longer time period.

b. **Time Periods when Additional Information Required.** Employees, their representatives, and servicing CPOs/HROs shall provide requested information within 15 calendar days from the date of the request.

5. **Appeal Adjudication.** CPMS shall make final Agency classification determinations within 60 calendar days from date of receipt of a complete appeal file. CPMS shall notify the employee, the representative, if designated, the DoD Component, and the servicing CPO/HRO upon receipt of the appeal. CPMS shall adjudicate an appeal based on the written record and may conduct an audit or collect additional information if deemed necessary. CPMS shall provide

an analysis of the duties performed by the employee compared with appropriate standard(s), advise the employee of his or her right to appeal to OPM, and set the effective date for any required corrective action. CPMS shall provide the appeal decision directly to the employee with information copies to the DoD Component and the servicing CPO/HRO. CPMS appeal decisions constitute certificates that are binding on all administrative, certifying, payroll, disbursing, and accounting offices within DoD; however, the DoD Components may request reconsideration.

6. Appeal Cancellation

a. **Employee Cancellation.** An employee may cancel an appeal at any time by written notification to the CPMS deciding official, with an information copy to the servicing CPO/HRO.

b. **Servicing CPO/HRO Cancellation.** When circumstances occur that warrant cancellation of an appeal as defined in Subsection 6.c., below, the responsible servicing CPO/HRO (e.g., where the classification authority exists) will provide written notification to CPMS and include an explanation of the nature and circumstances of the change.

c. **CPMS Cancellation.** CPMS shall provide written notification to employees, their representatives, and servicing CPOs/HROs, with an information copy to the DoD Component, when a deciding official cancels an appeal. CPMS shall not reopen an appeal canceled for non-cooperation unless the employee was unable to provide requested information for reasons beyond his or her control. CPMS shall cancel an appeal when one or more of the following occurs:

(1) The employee or representative:

(a) Withdraws the appeal; or,

(b) Does not furnish requested information within requested time period; or, otherwise fails to cooperate.

(2) When the employee:

(a) Dies and there is no entitlement to retroactive benefits; or,

(b) Is no longer officially assigned to or is removed from the position.

(3) The duties and responsibilities assigned to the appealed position are significantly changed while the appeal is pending; or,

(4) The position is abolished.

An employee's detail or temporary promotion to another position shall not cancel an appeal.

7. Compliance with Classification Appeal Decisions

a. **Prompt Review and Coordination of Appeal Decisions.** All parties shall take prompt action to review appeal decisions that change the title, series, or grade of a position. A servicing CPO/HRO or DoD Component head who believes a classification appeal decision is in error shall forward the request for reconsideration, suspension, or temporary compliance to CPMS within 45 calendar days of the date of the original appeal decision. Under exceptional circumstances, deciding officials may extend the 45-day deadline.

(1) **Reconsideration of Appeal Decision Certificates.** Reconsideration of an appeal decision does not automatically suspend the requirement to implement the decision. DoD Component management shall direct requests through the DoD Component headquarters to CPMS. A request for reconsideration must specify whether a suspension of the appeal decision is being requested. Requesters must provide a complete explanation of why they believe the original decision to be technically inaccurate; or must identify material facts not previously presented that would justify a change to the original appeal decision; and must identify any DoD Component-wide perspective, if appropriate.

(2) **Suspension of Appeal Decisions.** Suspension of an appeal decision preserves potential retroactive benefits. CPMS deciding officials will consider a suspension request only if the request establishes a basis for reconsideration. When a deciding official grants a suspension, servicing CPOs/HROs must implement a certificate sustained on reconsideration retroactively as of the date specified in the original certificate unless it directs a downgrade. Deciding officials will establish a new effective date in the reconsideration decision in these cases.

(3) **Temporary Compliance Authority Requests.** Temporary compliance authority prevents subsequent adverse action if the certificate is reversed. DoD Components shall initiate requests, as appropriate, to CPMS in a timely manner. Servicing CPOs/HROs may not use temporary compliance procedures to delay the implementation of any certificates.

b. **Adherence to Certificates.** Servicing CPOs/HROs shall comply with effective dates specified in the decision letters. Servicing CPOs/HROs desiring additional implementation time (other than requests for reconsideration, suspension, or temporary compliance) must submit requests to CPMS, with an information copy to the DoD Component. In conjunction with implementation of a certificate, servicing CPOs/HROs and management officials with delegated classification authority will take necessary classification action on any identical, similar, or related positions. Servicing CPOs/HROs and management officials with delegated classification authority will not change the classification of certified positions unless there is a change in the statute, regulation, or classification standard(s) used to evaluate the position, or there is a significant change in the position's major duties and responsibilities.

c. **Appeal Decisions Involving Downgrades that Impact Identical Positions or Standardized Position Descriptions.** Whenever an appeal decision reduces the grade of a position, the responsible servicing CPO/HRO must promptly notify all affected employees (including employees entitled to retained grade or pay) of the decision and the reasons for the reclassification. Such notices must advise affected employees of any appeal rights and specify

time limits to establish or preserve any right to retroactive adjustment. The responsible servicing CPO/HRO must ensure that the decision is clearly applicable to the other positions and must not treat it as automatic.

d. **Wrongful Demotions.** Servicing CPOs/HROs shall review all administrative actions taken after a wrongful demotion and reconstruct each action based on the correct classification as specified in the appeal decision, with full regard to the rules governing effective dates.

e. **Reports of Compliance.** Servicing CPOs/HROs must provide a copy of compliance reports upon implementation of an OPM classification certificate to their DoD Component headquarters and CPMS. Servicing CPOs/HROs must provide a compliance report to CPMS upon implementation of a CPMS certificate, with an information copy to the DoD Component.

F. CLASSIFICATION APPEALS PROCEDURES UNDER DEMONSTRATION

PROJECT AUTHORITY. DoD Components under approved demonstration project authority shall specify procedures for filing classification appeals in their Federal Register Notices. Demonstration project-unique terminology may be used in the Federal Register Notice and minor modifications to appealable issues may be made; however, the following general procedures must be incorporated.

1. **Filing.** An employee may appeal the occupational series, title, or broadband level of his or her position at any time. An employee must formally raise the areas of concern to supervisors in the immediate chain of command, either verbally or in writing. If an employee is not satisfied with the supervisory response, he or she may then appeal to CPMS. If an employee is not satisfied with the CPMS response, he or she may then appeal to OPM, only after CPMS has rendered a decision under the provisions of the demonstration project. Appellate decisions from OPM are final and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the Government.

2. **Time Periods.** Time periods for case processing under 5 CFR (reference (d)), as specified in this Subchapter, apply.

3. **Nonappealable Issues.** An employee may not appeal the accuracy of the PD, the demonstration project classification criteria, or the pay-setting criteria; the propriety of a salary schedule; or matters grievable under an administrative or negotiated grievance procedure or an alternative dispute resolution procedure.

4. **Evaluation of Appeals.** The evaluation of classification appeals under the demonstration project is based upon the demonstration project classification criteria. Case files will be forwarded for adjudication through the CPO/HRO providing personnel service and will include copies of appropriate demonstration project criteria.

G. CONSISTENCY REVIEW PROCEDURES

1. **CPMS-Initiated and OPM-Initiated Consistency Reviews.** CPMS shall initiate, or manage, or initiate and manage the conduct of all consistency reviews resulting from classification appeal decisions issued by CPMS or OPM and other reviews necessary for Department-wide consistency purposes. CPMS shall request the DoD Component's assistance via the DoD Component headquarters chain-of-command. CPMS may expand OPM-initiated consistency reviews to other DoD Components if determined appropriate. The DoD Components or servicing CPOs/HROs shall identify, review, and correct the classification of all identified positions; submit a report that they have classified all identical, similar, or related positions consistently; or submit a plan, timetable, and proposed progress reporting schedule for reviewing the positions if they are inconsistent; and, process resultant actions.

a. The report shall contain a copy of the PD; and, either a statement that all identical, similar, or related positions within the DoD Component are classified consistently, or a plan for reviewing the positions identified to be inconsistent. The report shall include the numbers of positions reviewed and the number of position actions taken (e.g., number of positions upgraded, downgraded, abolished, series changes, etc.). Servicing CPOs/HROs reporting positions that initially appear to be similar shall explain how differences result in different classifications. CPMS shall perform any necessary final technical reviews, resolve differences, and issue all final consistency reports for reviews initiated by OPM.

b. The plan shall outline the tentative identification and location of all inconsistently classified positions; a timetable for completing the review; and, a schedule for interim progress reporting, as appropriate. If required, plans are due 90 calendar days from the date of the letter requiring the consistency report. Time periods for interim progress reports and a final report are dependent upon the scope of the review. Deciding officials may also specify time periods in the letter requiring the review.

2. **DoD Component-Initiated Consistency Reviews.** The DoD Components may conduct reviews whenever they find reason to believe that identical, similar, or related positions are classified inconsistently after coordinating the project with CPMS, who will ascertain any cross-Component effect. Where there is cross-Component effect, CPMS will lead the review. Where there is no cross-Component effect, Components will proceed with the review and provide CPMS a copy of the final product.

3. **Scope of Consistency Reviews.** Consistency reviews should be restricted to positions performing the same grade-controlling work in organizations similar to those outlined in the certificate. Related positions, e.g., supervisors or team leaders, should also be reviewed, if their classification is dependent on the classification of the certified position(s).

H. OCCUPATIONAL STUDIES, DEVELOPMENT, AND IMPLEMENTATION

1. **OPM Occupational Studies.** Upon OPM study notification, CPMS shall notify the DoD Components within 1 week if data supplemental to the OPM standard data is required or if any other exceptions exist. Any required supplemental occupational study data are due to CPMS 2 weeks prior to the required OPM deadline, unless otherwise specified.

a. **Occupational Standard Development Studies.** CPMS shall obtain OSD staff functional input. The DoD Components or servicing CPOs/HROs shall provide the study data directly to OPM within the required time period, with an information copy of the transmittal letter to CPMS.

b. **Draft Classification Standards Reviews.** The DoD Components or servicing CPOs/HROs shall collect draft standards review data and provide it to CPMS 2 weeks prior to the required OPM deadline, unless otherwise specified. CPMS shall obtain and incorporate OSD functional input into the DoD-consolidated response. The DoD Components or servicing CPOs/HROs shall request any required extensions to time periods from CPMS.

c. **OPM Classification Standards Implementation.** Within DoD, the official receipt of newly released classification standards is considered to be 5 days after the standard appears on the OPM website. The DoD Components or servicing CPOs/HROs shall apply newly released classification standards to all vacant positions upon receipt. The DoD Components or servicing CPOs/HROs shall have a goal of implementing newly released classification standards for encumbered positions (electronic or hard copy) within 6 months of receipt. If extenuating circumstances exist that warrant exceptions as described below, the DoD Components or servicing CPOs/HROs shall begin implementation of newly released classification standards for encumbered positions (electronic or hard copy) within 6 months of receipt and complete implementation within 1 year of receipt. CPMS may initially extend the implementation schedule upon issuance of a classification standard that impacts a wide span of the workforce or for other equally extenuating circumstances that warrant exceptions. CPMS, the DoD Components and servicing CPOs/HROs, in turn, shall consider pay equity, fairness, workforce reduction, priority placement, and other consistency-related issues in implementing new classification standards and in extending schedules. The DoD Components requiring extensions of implementation periods must request extensions from CPMS.

2. **DoD and DoD Component Interpretive Guidance**

a. **DoD and DoD Component Interpretive Guidance or CD Software Application Development.** CPMS shall coordinate with the DoD Components, as appropriate, and issue any guidance required for consistent interpretation of OPM standards for common functions. DoD Components may issue any similar guidance required for consistent interpretation of the OPM standards or work organization for DoD Component-unique functions. The DoD Components shall provide copies of final guidance to CPMS when issued.

b. **Interpretive Guidance Implementation.** Interpretive guidance (electronic or hard copy) must be implemented within the time periods specified in the issuing guidance or implementation plan.

c. **CD Software Application Implementation.** Unless otherwise specified, there is no mandatory implementation period for CD software applications.

I. POSITION COVERAGE DETERMINATIONS FOR SPECIAL RETIREMENT

When air traffic controller, firefighter, and law enforcement officer positions are established or significantly changed, servicing CPOs/HROs must initiate and process position coverage determinations in accordance with Subchapters 332, 830 or 840, of this Manual, as appropriate.

SUBCHAPTER 511

APPENDIX A

**DOD CIVILIAN PERSONNEL MANAGEMENT SERVICE
REQUIRED CLASSIFICATION APPEALS DOCUMENTATION**

A. INDIVIDUAL AND GROUP APPEALS. Individual and group appeals must include:

1. **Employee Identification.** Employee's name, mailing address, office telephone and fax numbers. Group appeals must identify all members of the group by name, mailing address, office telephone and fax numbers. Group appeals must also include a signed statement from all members designating the representative, if any;
2. **Employer and Employee Position Address.** Employing DoD Component and the exact location of the employee's position within the DoD Component (installation name, mailing address, organization, division, branch, section, unit);
3. **Current and Requested Position Information.** Employee's current and requested position title, pay plan, occupational series, and grade;
4. **Copy of Official PD and Accuracy Statement.** A copy of the PD to which the employee is officially assigned, along with a current (not older than 90 days) certified statement concerning its accuracy. A copy of the signed decision, if appropriate, resolving any dispute regarding PD accuracy;
5. **Technical Rationale.** Reasons why the employee believes the position classification is in error. The employee should refer to position classification standards that support the appeal and should state specific points of disagreement with the evaluation statement. The employee may also include a statement of facts that he or she thinks may affect the final classification decision;
6. **Employee Claims of Classification Inconsistency.** If claimed, appeal files must include: title, series, and grade of positions believed classified inconsistently with the employee's position; specific location of the positions, including the activity and organization to which they are assigned and, if possible, the rationale for citing the positions, including evidence that the cited positions are essentially identical to the employee's position. In order to find classification inconsistency, cited positions must perform the same grade-controlling duties as the employee's position in a similar organization; and,
7. **Employee Representative Address.** Name, address, business telephone and fax numbers of the employee's or group's representative, if any.

B. SERVICING CIVILIAN PERSONNEL OFFICE/HUMAN RESOURCE OFFICE (CPO/HRO) ADMINISTRATIVE REPORT. Include all of the information required by Appendix A, Section A, above, as part of the record. In addition, servicing CPOs/HROs shall provide the following information with the classification appeal file:

1. **Appealed Position Documentation.** Complete identification of the appealed position, including a copy of the official PD and evaluation statement. If the appealed position is supervisory, include copies of subordinates' PDs and evaluation statements used for determining the base level of work. If subordinate positions include military or local national employees, indicate their equivalent GS/FWS grades;
2. **Appealed Position Organization Documentation.** The exact location of the position within the DoD Component, including accurate organization charts, and mission and functional statements;
3. **Statement of Accuracy.** A current (not older than 90 calendar days) signed statement from the immediate supervisor or higher management official certifying that the official PD is complete and accurate. A current (not older than 90 calendar days) signed statement from the servicing CPO/HRO certifying whether or not the official PD is complete and accurate;
4. **Official Personnel Action.** A copy of the employee's latest SF-50 that shows the position to which the employee is permanently assigned;
5. **Previous Appeal Decisions.** Copies of any previously issued DoD Component, CPMS, or OPM appeal or review decisions which address the classification of the position or similar positions within the DoD Component or throughout DoD;
6. **Response to Employee Issues.** The servicing CPO/HRO or DoD Component response to any classification issues presented in the employee's appeal;
7. **Other Information.** Any supplementary information bearing on the position's duties and responsibilities; copies of any previously issued DoD Component interpretive guidance which addresses the classification of the position(s) under appeal;
8. **Supervisory Documentation.** A copy of the official PD and evaluation statement of the employee's immediate supervisor, if applicable;
9. **Performance Standards.** Performance standards for the position (not the performance evaluation of the employee); and,
10. **Servicing CPO/HRO Contact.** Name, address, business telephone and fax numbers of the servicing CPO/HRO point of contact.

SUBCHAPTER 530

PAY RATES AND SYSTEMS (GENERAL)

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SUBCHAPTER 530

PAY RATES AND SYSTEMS (GENERAL)

- References:** (a) Chapter 53 of title 5, United States Code
(b) Title 5, Code of Federal Regulations, Part 530, "Pay Rates and Systems (General)"
(c) Title 38, United States Code

A. PURPOSE

This Subchapter implements DoD policy concerning "Pay Rates and Systems (General)" under Chapter 53 of 5 U.S.C. and 5 CFR 530 (references (a) and (b), respectively).

B. SPECIAL SALARY RATE SCHEDULES

1. **Annual Review.** Within the Department of Defense, the Civilian Personnel Management Service, Wage-Setting Division, is designated the lead agency, under 5 CFR 530.304(d) (reference (b)), for coordinating the collection of relevant data for the annual review of special salary rate positions. The division will identify the required data and reporting requirements to comply with Office of Personnel Management regulations.
2. **Special Salary Rates Under Other Titles.** The Civilian Personnel Management Service has the delegated responsibility to set special salary rates for certain healthcare occupations under 38 U.S.C. 7455 (reference (c)). The requirements for requesting such special salary rates are identified in 38 U.S.C. 7544 (reference (c)).
3. **Voluntary Change to Lower Grade Between Special Salary Rate Positions.** When an employee in a special salary rate position requests a change to a lower-graded position covered by a different special salary rate schedule, the employee's step in the lower-graded position must be determined without regard to either special salary rate. First, compare the employee's current grade and step on the General Schedule (unadjusted by any locality pay) with the rate range of the lower grade on the General Schedule and determine the employee's step using locally established pay-setting practices. After the employee's step in the lower grade is determined on the General Schedule, the employee's pay is set at the corresponding step on the special salary rate schedule.

SUBCHAPTER 531

PAY UNDER THE GENERAL SCHEDULE

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SUBCHAPTER 531

PAY UNDER THE GENERAL SCHEDULE

References: (a) Title 5, United States Code
(b) Title 10, United States Code
(c) Title 5, Code of Federal Regulations, Parts 430, "Performance Management," and 531, "Pay Under the General Schedule"

A. PURPOSE

This Subchapter implements DoD policy on "Pay under the General Schedule" under Chapter 53 of 5 U.S.C. (reference (a)); 10 U.S.C. 1586 (reference (b)), and 5 CRF 430 and 531 (reference (c)).

B. DETERMINING RATE OF BASIC PAY

1. Advanced In-Hire Rates

a. The authority to use superior qualifications appointments to set advanced in-hire rates at all grade levels under 5 U.S.C. 5333 (reference (a)) and 5 CRF 531.203(b) (reference (c)), is delegated through Component and command channels to officials who exercise personnel appointing authority (normally the head of an installation or activity).

b. Responsibilities

(1) Officials to whom the use of superior qualifications appointments is delegated must develop and apply guidelines and documentation criteria for setting advanced in-hire rates of pay.

(2) Officials making a superior qualifications appointment must consider a recruitment bonus before providing advanced rates. Documentation of a superior qualifications appointment must include reasons for authorizing an advance rate instead of, or in addition to, a recruitment bonus.

2. Pay Setting On Reassignment, Reappointment, or Transfer

a.. The authority to apply the maximum payable rate rule and set pay considering an employee's highest previous rate under 5 U.S.C. 5334(a) and 5 CFR 531.203(c) and (d) (references (a) and (c)), is delegated through Component and command channels to officials who exercise personnel appointing authority (normally the head of an installation or activity).

b. Officials to whom the use of the maximum payable rate rule is delegated must develop and apply criteria guidelines to ensure consistent treatment of employees when highest previous rates are considered to set pay on reinstatement, reappointment, reemployment, change of

appointment, transfer, reassignment, promotion, or change to lower grade. The use of a maximum payable rate is discretionary.

c. When an employee voluntarily accepts a change to lower grade and is eligible for immediate repromotion to the former grade, the employee's pay should be set at a rate that will provide the employee no greater benefit upon immediate repromotion than he or she would have received but for the change to lower grade.

3. Pay-Setting On Return from Duty Outside the United States

10 U.S.C. 1586 (reference (b)) preserves the full benefit of pay entitlements of a career-conditional or career employee who rotates overseas. When an employee exercises return rights from an overseas assignment and the overseas service was satisfactory, the employee is entitled to a rate of basic pay not less than the rate to which he or she would have been entitled had the employee not been assigned to duty outside the United States, including any applicable within-grade increase(s).

4. Pay-Setting for Former Nonappropriated Fund (NAF) Employees

a. When a DoD NAF employee is moved involuntarily to a position in the DoD Federal civilian employment system, without a break in service of more than 3 days, the employee is entitled to a rate of basic pay equal to or greater than the employee's rate of basic pay under the nonappropriated fund instrumentality immediately before the move.

b. Except as provided in paragraph B.4.c., below, for pay-setting purposes relating to portability of benefits under 5 U.S.C. 5334(b) (reference (a)), a NAF payband employee's rate of basic pay is considered to be the employee's annual rate of pay, less the General Schedule locality-based comparability payment for the locality pay area in which the NAF position is located and any other additional pay of any kind. To obtain that rate of basic pay, divide the NAF employee's current annual rate of pay by 1 plus the locality pay percentage in effect for the area of application.

c. When a NAF payband employee has competed and been selected for a position in the DoD Federal civilian employment system that is considered to be at a higher level than the position currently held by the employee under the NAF employment system, an official who exercises personnel appointing authority (normally the head of an installation or activity) may consider the NAF employee's annual rate of pay for pay-setting purposes under the General Schedule.

5. Application of the Simultaneous Action Rule

a. A general pay change under 5 U.S.C. 5303 or 5305 (reference (a)) which affects an entire category of employees is not covered by the simultaneous actions rule under 5 CFR 531.203(f) (reference (c)). The general pay change is processed before any other pay benefit.

b. When an employee is entitled to more than one pay benefit affecting only that individual employee's pay (e.g., a within-grade increase and termination of grade retention), the actions are processed in the order that provides the employee the greatest benefit.

6. Demotion for Cause

When an employee is demoted for cause (actions taken under either Chapter 43 or 75 of title 5 U.S.C. (reference (a))), the employee's pay must be set at a rate in the lower grade that does not exceed the rate of pay held immediately before the action causing the reduction. Organizations must develop and apply guidelines for setting the pay of an employee who is reduced in pay for cause.

C. QUALITY STEP INCREASE (QSI)

1. Organizations may award a QSI, under 5 U.S.C. 5336 (reference (a)) and 5 CFR 531 E. (reference (c)), only in accordance with section J of Subchapter 451 of this Manual. Organizations must ensure that a QSI is awarded only in recognition of the highest level of sustained performance above that normally found in the type of position concerned.

2. A QSI, which provides for faster than normal movement within the rate range of a grade, may not be awarded to an employee in a position that does not meet the definition of "permanent position" under 5 CFR 531.403 (reference (c)).

D. LOCALITY-BASED COMPARABILITY PAYMENTS

An employee's duty station, as it is officially indicated on the Standard Form 50, defines his or her entitlement to locality pay under 5 U.S.C. 5304 (reference (a)). Organizations have flexibility in determining the employee's duty station for details and long-term temporary duty. Such determination shall affect not only the employee's locality pay, but also entitlement to per diem or relocation. Organizations must develop guidelines to ensure consistent application based on organization and employee needs as well as budget considerations.

SUBCHAPTER 540

**PAY UNDER TITLE 38--ADDITIONAL PAY
FOR CERTAIN HEALTHCARE PROFESSIONALS**

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SUBCHAPTER 540

**PAY UNDER TITLE 38--ADDITIONAL PAY
FOR CERTAIN HEALTHCARE PROFESSIONALS**

- References:**
- (a) Title 5, United States Code
 - (b) Title 38, United States Code
 - (c) Delegation Agreement Between the Office of Personnel Management and the Department of Defense, November 30, 1993, and December 20, 1993, respectively, concerning the use of certain personnel authorities for healthcare occupations
 - (d) DoD Directive 6025.13, "Clinical Quality Management Program in the Military Health Services System," July 20, 1995
 - (e) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (f) Title 5, Code of Federal Regulations
 - (g) Chapter 8 of title 29, United States Code, "The Fair Labor Standards Act"

A. PURPOSE

This section provides rules for compensating employees paid additional pay under 5 U.S.C. 5371 (reference (a)) and 38 U.S.C. 7453 and 7454 (reference (b)) as authorized by 5 U.S.C. 1104 (reference (a)) and the Delegation Agreement between the Office of Personnel Management (OPM) and the Department of Defense (reference (c)).

B. COVERAGE

1. This section covers:

- a. A permanent or temporary full-time, part-time, or intermittent nurse (including a nurse anesthetist);
- b. A permanent or temporary full-time, part-time, or intermittent physician assistant (PA), expanded function dental assistant (EFDA); or,
- c. Certain other healthcare professionals including non-physician health care providers as defined in DoD Directive 6025.13 (reference (d)).

2. A full-time nurse, covered by 38 U.S.C. 7456 (reference (b)) and Subchapter 541 of this Manual (the Baylor Plan), below, who is regularly scheduled to work two 12-hour tours of duty on weekends may not receive additional pay for work performed during the nurse's regularly scheduled tours of duty.

C. DEFINITIONS

1. **Additional Pay.** A premium paid to an employee for working under circumstances or conditions as authorized under 38 U.S.C. 7453 (reference (b)) and this section. Such pay includes tour differential, holiday pay, and pay for weekend duty, overtime work, and on-call duty.

2. **Category of Nurse or Other Healthcare Professional.** A nurse or group of nurses, or healthcare professional or group of healthcare professionals who performs service within a specialization of the nursing or other specific healthcare occupation.

3. **Dental Treatment Facility.** A DoD dental facility staffed and equipped to provide dental care to eligible beneficiaries. It may be affiliated with or independent of a medical treatment facility. A dental treatment facility is funded by the Defense Health Program.

4. **Lead Agent.** The officer who, in addition to commanding a medical center within one of twelve geographic regions within the United States, is responsible for coordinating healthcare initiatives within the region. The lead agency has no direct authority over the tri-Service commanders within the region. However, he or she works in a collaborative manner with the Military Health Services System partners to manage the delivery of healthcare within the region.

5. **Medical Treatment Facility.** A DoD health facility staffed and equipped to provide inpatient and/or outpatient medical care to eligible beneficiaries. It may be affiliated with or independent of a dental treatment facility. A medical treatment facility is funded by the Defense Health Program.

6. **Nurse.** A registered nurse, nurse anesthetist, or licensed practical or vocational nurse, but does not include a graduate nurse technician, or student nurse technician.

7. **Rate of Basic Pay.** The rate of pay fixed by law or administrative action for the position held by the employee including any locality pay under 5 U.S.C. 5304 (reference (a)) or special salary rate authorized under 5 U.S.C. 5305 (reference (a)) and 38 U.S.C. 7455 (reference (b)).

8. **Tour of Duty.** The hours of a day and the days of an administrative workweek that constitute an employee's regularly scheduled workweek, including regularly scheduled overtime work.

D. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (e)) that:

1. The head of a DoD Component, or his or her designee, may approve the use of this additional pay authority in lieu of premium pay under Chapter 55 of 5 U.S.C. (reference (a)) for a category of nurse or other healthcare professional in any DoD medical or dental treatment facility

under his or her jurisdiction. This authority may be delegated to a commander of a medical or dental treatment facility, or its equivalent, but no lower.

2. The decision to approve the use of this additional pay authority for a category of nurse or other healthcare professional must be coordinated with the commander(s) and /or director(s) of all other Federal healthcare facilities in the local area to ensure that all Federal nurses or other healthcare professionals in similar situations are treated in the same manner. Where there are differences in staffing situations, equal compensation is not necessarily appropriate.

3. The lead agent of the appropriate military health services region must be notified when any provision of 38 U.S.C. (reference (b)) is implemented within that region. The lead agent may monitor the use of a reference (b) provision implemented within the region to determine its impact on healthcare delivery.

4. Authority to use additional pay will be approved based on recruitment and retention problems caused by local private and non-Federal public pay practices.

5. The commander of a medical or dental treatment facility, or its equivalent, shall ensure that all affected nurses or other healthcare professionals are granted additional pay on a fair and equitable basis.

6. The commander of a medical or dental treatment facility, or its equivalent, may terminate additional pay authorized for any nurse or other healthcare professional under this section when such pay is no longer necessary to meet recruitment or retention needs. Such termination is not an adverse action. However, an affected employee must be notified of the intent to terminate the use of this additional pay authority as soon as practicable before the use of the authority is terminated.

E. COMPUTATION OF PAY

1. Additional pay under sections F. through J. of this Subchapter, below, for a nurse or other healthcare professional—including additional pay for a full-time nurse who is regularly scheduled to work two 12-hour tours of duty on weekends—is based on an hourly rate of basic pay derived by dividing the employee's annual rate of basic pay by 2087 and rounded to the nearest whole cent, counting one-half cent and over as a whole cent.

2. The biweekly and annual limitations on premium pay under 5 U.S.C. 5547 (reference (a)) do not apply to a nurse or other healthcare professional covered by this section.

3. An employee receiving additional pay under 38 U.S.C. 7453 and 7454 (reference (b)) and this section may not receive premium pay under Chapter 55 of 5 U.S.C. (reference (a)) and 5 CFR 550, Subpart A (reference (f)), and is exempt from the overtime provisions of Chapter 8 of 29 U.S.C. (reference (g)) and 5 CFR 551, Subpart E (reference (f)).

4. When a nurse or other healthcare professional is entitled to more than one type of additional pay for the same period of service, the amounts are calculated separately on the basis of the employee's hourly rate of basic pay as defined in subsection E.1. of this Subchapter, above.

5. An employee may not receive overtime pay under section I. of this Subchapter, below, in addition to holiday pay under section H., below, for the same period. An employee who works in excess of 8 hours in a day on a holiday receives holiday pay under section H., below, for each hour of work on that day.

6. Additional pay is not considered basic pay for the purposes of civil service retirement, Federal Employees Group Life Insurance, compensation for work injury, lump-sum annual leave payments, severance pay, or other benefits relating to basic pay.

F. TOUR DIFFERENTIAL

A nurse or other healthcare professional on a tour of duty, any part of which falls between 6 p.m. and 6 a.m., who works 4 or more hours between 6 p.m. and 6 a.m., shall be paid additional pay for each hour of work on such tour. When fewer than 4 hours of work fall between 6 p.m. and 6 a.m., a nurse or other authorized healthcare professional shall be paid additional pay for each hour of work performed between 6 p.m. and 6 a.m. Tour differential pay is 10 percent of the employee's hourly rate of basic pay, unless a higher tour differential is approved under the authority in section M. of this Subchapter, below.

G. WEEKEND DUTY

A nurse or other healthcare professional on a tour of duty, any part of which falls between midnight Friday and midnight Sunday, shall be paid additional pay for each hour of work during such tour. A nurse or other healthcare professional who has two separate tours of duty, each of which qualify as weekend duty, shall be paid additional pay for each hour of both tours. Additional pay for weekend duty is 25 percent of the employee's hourly rate of basic pay, unless a higher rate is approved under the authority in section M. of this Subchapter, below.

H. HOLIDAY PAY

1. A full-time nurse or other healthcare professional on a 40-hour basic workweek who works on a holiday shall receive for each hour of work on the holiday basic pay plus additional pay at a rate equal to the employee's hourly rate of basic pay unless a higher rate is approved under the authority in section M. of this Subchapter, below. When the basic workweek of a nurse or other authorized healthcare professional includes portions of two tours on a holiday, the holiday benefit shall apply to the shift that begins on the holiday.

2. When a full-time nurse or other healthcare professional performs work on a holiday, such duty is deemed to be at least 2 hours in duration for the purposes of holiday pay.

3. A part-time or intermittent nurse or other healthcare professional shall be paid holiday pay only for work performed on the actual calendar holiday; i.e., no in lieu of day will be designated.

4. A full-time nurse, whose basic tour of duty is two 12-hour tours on weekends (i.e., a nurse who is covered by the Baylor Plan, 38 U.S.C. 7456 (reference (b))), may not receive holiday pay for work that is performed during the employee's regularly scheduled tour of duty.

I. OVERTIME PAY

1. A nurse or other healthcare professional (except a nurse covered by 38 U.S.C. 7456 (reference (b)) and Subchapter 541 of this Manual) who performs work that is officially ordered and approved in excess of 40 hours in an administrative workweek, or in excess of 8 hours in a day, shall receive overtime pay at a rate of one and one-half times his or her hourly rate of basic pay. A nurse or other healthcare professional covered by a compressed work schedule shall receive overtime pay for hours of officially ordered and approved work in excess of the compressed work schedule.

2. Except as otherwise provided, irregular or occasional overtime work of less than 1 hour will be calculated in increments of 15 minutes. An employee must perform at least 15 minutes of such overtime work to receive additional pay for such work.

3. Overtime work performed by a nurse or other healthcare professional on a day when work was not scheduled, or for which he or she is required to return to the work place, is deemed to be at least 2 hours in duration for the purposes of overtime pay. When an employee is called from on-call duty to perform overtime work, these provisions apply and the on-call duty is suspended.

4. Overtime pay under this section is not limited by the provisions of 5 U.S.C. 5542 (a)(2) (reference (a)).

J. ON-CALL DUTY ("BEEPER" OR "PAGER" PAY)

1. A full-time nurse or other healthcare professional officially scheduled to be on-call outside his or her regularly scheduled duty hours or on a holiday shall be paid 10 percent of his or her applicable overtime rate (under section I. or M. of this Subchapter, below) for each hour of on-call duty. On-call duty shall be suspended during any period of actual overtime work. When the employee is released from a period of overtime work, the employee returns to his or her remaining scheduled on-call duty, if any, and receives additional pay for on-call duty accordingly.

2. A part-time or intermittent nurse or other healthcare professional is entitled to receive additional pay for on-call duty when he or she is regularly scheduled to be in an on-call status. When called back to work, such an employee shall be paid his or her hourly basic rate of pay for non-overtime work and/or overtime rate for overtime work.

3. When an employee performing on-call duty is required to return to work, the time spent performing actual work is deemed to be at least 2 hours in duration for pay purposes. An

employee may not also be paid additional pay for on-call duty for periods that are deemed to be actual work under this provision.

4. While in an on-call status, an employee must be available to return to work promptly. If an employee is incapacitated or otherwise unavailable to return to work during a period of scheduled on-call duty, the employee must report his or her incapacitation or unavailability to the official authorizing the duty. An employee who is relieved from performing scheduled on-call duty is not entitled to pay for such duty.

K. COMPENSATORY TIME OFF

1. An employee may request in writing and be granted compensatory time off in lieu of overtime pay for regularly scheduled or irregular and occasional overtime work. The amount of the compensatory time off will equal the amount of time spent in overtime work. An intermittent employee may not request and be granted compensatory time off in lieu of payment for overtime work.

2. An employee may not be required to accept compensatory time off in lieu of payment for overtime work.

3. Compensatory time off should be used as soon as possible after it is earned but not later than the end of the twenty-sixth pay period following the pay period in which it is earned. Any unused compensatory time off shall be paid at the overtime rate at which it was earned.

4. A full-time nurse, whose basic tour of duty is two 12-hour tours on weekends (i.e., a nurse who is covered by the Baylor Plan, 38 U.S.C. 7456 (reference (b))), may not be granted compensatory time off in lieu of overtime pay.

L. PAYMENTS DURING PERIODS OF LEAVE AND AUTHORIZED ABSENCE

1. A nurse or other healthcare professional may not be charged leave during periods of regularly scheduled on-call duty; nor may such an employee receive additional pay for regularly scheduled on-call duty when, because of leave or other authorized absence, the employee is not expected to be able to return to work immediately.

2. When on court leave, or military leave, a nurse or other healthcare professional is entitled to such additional pay as he or she otherwise would have received.

3. When on annual or sick leave, or on compensatory time off, a nurse or other healthcare professional is entitled to tour differential pay for a period of paid leave only when the total amount of leave in a pay period is less than 8 hours.

4. When excused from work because of a holiday or in lieu of holiday, a nurse, or other healthcare professional is entitled to any otherwise appropriate tour differential pay.

M. HIGHER RATES OF ADDITIONAL PAY

38 U.S.C. 7453(j) (reference (b)) provides the authority to approve higher rates of additional pay than allowed in sections F. through J. of this Subchapter, above. At this time, this authority is reserved.

N. RECORD-KEEPING REQUIREMENTS

The commander of a medical or dental treatment facility, or its equivalent, and the affected director of personnel shall keep adequate records to evaluate the use of this authority as required by the Assistant Secretary of Defense for Health Affairs. Such records shall include:

1. How the authority is used by the facility;
2. The location of the facility;
3. The type of occupations covered; and,
4. Any other pertinent data that may be required to evaluate the overall use of the authority by the Department of Defense and OPM.

SUBCHAPTER 541
PAY UNDER TITLE 38-- SPECIAL RULES FOR NURSES
UNDER THE BAYLOR PLAN

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SUBCHAPTER 541

PAY UNDER TITLE 38--SPECIAL RULES FOR NURSES
UNDER THE BAYLOR PLAN

- References:**
- (a) Title 5, United States Code
 - (b) Title 38, United States Code
 - (c) Delegation Agreement Between the Office of Personnel Management and the Department of Defense, November 30, 1993, and December 20, 1993, respectively, concerning the use of certain personnel authorities for healthcare occupations
 - (d) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (e) Title 5, Code of Federal Regulations
 - (f) Chapter 8 of title 29, United States Code, "The Fair Labor Standards Act"

A. PURPOSE

This section provides rules for scheduling work and compensating nurses under 5 U.S.C. 5371 (reference (a)) and the Baylor Plan, 38 U.S.C. 7456 (reference (b)), and provides procedures to ensure that such schedules and compensation are implemented consistently and appropriately as provided by 5 U.S.C. 1104 (reference (a)) and the Delegation Agreement between the Office of Personnel Management (OPM) and the Department of Defense (reference (c)).

B. COVERAGE

When authorized for use, this section covers nurses who provide direct patient care services and whose basic workweek consists of two regularly scheduled 12-hour tours of duty on weekends. A nurse covered by this section is considered to be a full-time employee for ALL personnel management purposes.

C. DEFINITIONS

1. **Additional Pay.** A premium paid to a nurse for work outside the Baylor workweek under circumstances or conditions authorized under 38 U.S.C. 7453 (reference (b)). Such pay includes tour differential, holiday pay, overtime pay, and pay for weekend or on-call duty.
2. **Administrative Workweek.** A period of 7 consecutive calendar days coinciding with the calendar week, Sunday through Saturday.
3. **Baylor Workweek.** Two regularly scheduled 12-hour tours of duty entirely within the first and last day of the administrative work week; i.e., Sunday and Saturday. The Baylor workweek is considered to be a full 40-hour workweek for pay and leave accrual purposes.

4. **Baylor Plan.** Two regularly scheduled 12-hour tours of duty entirely within the period beginning at midnight Friday and ending at midnight the following Sunday.

5. **Category of Nurse.** A nurse or group of nurses who performs service within a specialization of the nursing occupation; e.g., operating room nurse, critical care nurse, etc.

6. **Lead Agent.** The officer who, in addition to commanding a medical center within one of twelve geographic regions within the United States, is responsible for coordinating healthcare initiatives within the region. The lead agency has no direct authority over the tri-Service commanders within the region. However, he or she works in a collaborative manner with the Military Health Services System partners to manage the delivery of healthcare within the region.

7. **Medical Treatment Facility.** A DoD health facility staffed and equipped to provide inpatient and/or outpatient medical care to eligible beneficiaries. It may be affiliated with or independent of a dental treatment facility. A medical treatment facility is funded by the Defense Health Program.

8. **Nurse.** A registered nurse, nurse anesthetist, or licensed practical or vocational nurse, but does not include graduate nurse technicians, or student nurse technicians.

9. **Rate of Basic Pay.** The rate of pay fixed by law or administrative action for the position held by the employee including any locality pay under 5 U.S.C. 5304 (reference (a)) or special salary rate authorized under 5 U.S.C. 5305 (reference (a)) and 38 U.S.C. 7455 (reference (b)).

10. **Tour of Duty.** The hours of a day and the days of an administrative workweek that constitute an employee's regularly scheduled workweek, including regularly scheduled overtime work.

11. **Weekend.** The period commencing at midnight on Friday and ending at midnight the following Sunday.

D. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (d)) that:

1. The head of a DoD Component, or his or her designee, may approve the use of the Baylor Plan for a category of nurse in any DoD medical treatment facility under his or her jurisdiction. This authority may be delegated to the commander of a medical treatment facility or its equivalent, but no lower.

2. The decision to approve the use of the Baylor Plan for a category of nurse must be coordinated with the commander(s) and/or director(s) of all other Federal healthcare facilities in the local area to ensure that all Federal nurses in the same situations are treated in the same manner. Dissimilar staffing situations may be considered to be dissimilar situations.

3. The lead agent of the appropriate military health services region must be notified when any provision of 38 U.S.C. (reference (b)) is implemented within that region. The lead agent may monitor the use of reference (b) provisions implemented within the region to determine the impact on healthcare delivery options.

4. Authority to use the Baylor Plan will be approved based on recruitment and retention problems caused by local private and non-Federal public scheduling practices for a category of nurse and presupposes all other available recruitment and retention strategies have been exhausted.

5. When necessary to obtain or retain the services of a category of nurse at a particular activity, the medical treatment facility commander may authorize payment of overtime pay under 38 U.S.C. 7453(e) (reference (b)) for all or part of ANY officially ordered and approved work performed in excess of 40 hours in an administrative workweek, including those regularly scheduled hours of work comprising the Baylor workweek.

6. The medical treatment facility commander shall ensure that all qualified nurse-employees are provided fair and consistent treatment with regard to opportunities to work under the Baylor Plan.

7. The medical treatment facility commander may terminate use of the Baylor Plan for a category of nurse under this section when such pay is no longer necessary to meet recruitment or retention needs. Such termination is not an adverse action. However, an affected employee must be notified of the intent to terminate use of the Baylor Plan as soon as practicable before such use is terminated.

E. DOCUMENTATION FOR USE OF THE BAYLOR PLAN

Decisions to use the Baylor Plan must be prepared by the commander of a medical treatment facility and must include information required by the Deputy Assistant Secretary of Defense for Health Services Operations, as well as a certification that sufficient funds exist to cover the costs of implementing the plan.

F. ADMINISTRATION OF THE BAYLOR PLAN

1. A nurse on the Baylor Plan is deemed to be a full-time employee for all personnel management purposes, including retirement, life insurance, health insurance, workers compensation, reduction-in-force purposes, etc.

2. A nurse on the Baylor Plan performing work OUTSIDE the Baylor workweek is eligible for any applicable additional pay under 38 U.S.C. 7453 (reference (b)) and Subchapter 540 of this Manual, including tour differential, holiday pay, and pay for on-call and weekend duty for that work.

3. A nurse on the Baylor Plan is not entitled to additional or premium pay under 38 U.S.C. 7453 (reference (b)) or any other applicable law for any period included in his or her regularly scheduled 12-hour tour of duty.

4. When determining the creditability of hours of leave without pay for a within-grade increase for a nurse on the Baylor Plan, the number of hours of leave without pay shall be increased by a ratio of 5 hours charged for each 3 hours taken. (That is, each hour of leave without pay will be multiplied by 1.66667.)

G. COMPUTATION OF PAY

1. A nurse on the Baylor Plan is entitled to an hourly rate of basic pay calculated by dividing the employee's annual rate of basic pay by 1248 (rounded to the nearest whole cent, counting one-half cent and over as a whole cent) for each hour of service DURING the nurse's Baylor workweek. (In effect, the hourly rate for a nurse on the Baylor Plan equals 1.6722756 of the nurse's hourly rate of basic pay calculated using the 2087 divisor.)

2. A nurse on the Baylor Plan is entitled to an hourly rate of basic pay calculated using the 2087 divisor (rounded to the nearest whole cent, counting one-half cent and over as a whole cent) as provided by 5 U.S.C. 5504 (reference (a)), for each hour of work OUTSIDE the nurse's Baylor workweek that is not determined to be overtime work under subsection D.5., above.

H. OVERTIME PAY

1. A nurse on the Baylor Plan is entitled to overtime pay under 38 U.S.C. 7453(e) (reference(b)) calculated using the 2087 divisor as provided in section G., above, for each hour of work that is:

a. Within the period beginning at midnight on Friday and ending at midnight the following Sunday, in excess of his or her two regularly scheduled tours of duty;

b. In excess of 8 hours on a weekday; that is, not within the Baylor workweek; or,

c. When approved under subsection D.5., above, all or part of any hours officially ordered and approved in excess of 40 hours in an administrative week.

2. Hours of work during the Baylor workweek shall be credited on an hour-for-hour basis when determining the total hours of work performed during an administrative workweek.

3. A nurse covered by this section is exempt from 5 CFR 551, Subpart E (reference (e)) and Chapter 8 of 29 U.S.C. (reference (f)).

4. Compensatory time off in lieu of overtime pay is prohibited for a nurse on the Baylor Plan.

I. TREATMENT OF HOLIDAYS AND LEAVE

1. A nurse on the Baylor Plan who is excused or prevented from working on a holiday that falls on a regularly scheduled workday during the Baylor workweek may not be charged leave or lose pay for that holiday.
2. Annual and sick leave is charged at a rate of 5 hours for each 3 hours of absence.
3. Accrued annual leave donations and/or contributions made under 5 CFR 630, Subparts I and J (reference (e)), are deducted from a nurse's leave balance on an hour-for-hour basis. When a nurse is in a shared leave status (i.e., using transferred leave under 5 CFR 630, Subpart I or J (reference (e))), he or she is charged 5 hours of leave for each 3 hours of absence.
4. Military leave and court leave are the only types of leave that may be applied, as appropriate, to workdays outside the nurse's Baylor workweek.
5. Upon separation or retirement, a nurse on the Baylor Plan is entitled to a lump-sum payment for his or her accrued and accumulated annual leave based on the employee's hourly rate of basic pay calculated using the 2087 divisor as provided in section G., above.

J. RECORD-KEEPING REQUIREMENTS

The commander of a medical treatment facility, or its equivalent, and the affected director of personnel shall keep adequate records to evaluate the use of this authority as required by the Assistant Secretary of Defense for Health Affairs. Such records shall include:

1. How the authority is used by the facility;
2. The location of the facility;
3. The type of occupations covered; and,
4. Any other pertinent data that may be required to evaluate the overall use of the authority by the Department of Defense or OPM.

SUBCHAPTER 542

PAY UNDER TITLE 38--ON-CALL PAY

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SUBCHAPTER 542

PAY UNDER TITLE 38--ON-CALL PAY

- References:**
- (a) Title 5, United States Code
 - (b) Title 38, United States Code
 - (c) Delegation of Agreement Between the Office of Personnel Management and the Department of Defense, November 30, 1993, and December 20, 1993, respectively, concerning the use of certain personnel authorities for healthcare occupations
 - (d) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (e) Chapter 8 of title 29, United States Code, "The Fair Labor Standards Act"

A. PURPOSE

This section provides rules for compensating employees paid on-call pay under 5 U.S.C. 5371 (reference (a)) and 38 U.S.C. 7457 (reference (b)) as provided by 5 U.S.C. 1104 (reference (a)) and the Delegation Agreement between the Office of Personnel Management and the Department of Defense (reference (c)).

B. COVERAGE

1. This section covers certified or registered respiratory therapists, licensed physical therapists, licensed practical or vocational nurses, pharmacists occupational therapists, and other similar healthcare personnel who are not covered by 38 U.S.C. 7453 and 7454 (reference (b)), who provide with direct patient-care or service incident to direct patient-care services, and who are paid premium pay under Chapter 55 of 5 U.S.C. (reference (a)).

2. This section does not cover employees providing administrative, clerical, physical plant maintenance, and protective services, or employees receiving additional pay for on-call duty under 38 U.S.C. 7453(h) (reference (b)).

C. DEFINITIONS

1. **On-Call.** Being available to return to work promptly.

2. **Dental Treatment Facility.** A DoD dental facility staffed and equipped to provide dental care to eligible beneficiaries. It may be affiliated with or independent of a medical treatment facility. A dental treatment facility is funded by the Defense Health Program.

3. **Lead Agent.** The officer who, in addition to commanding a medical center within one of twelve geographic regions within the United States, is responsible for coordinating healthcare initiatives within the region. The lead agency has no direct authority over the tri-Service commanders

within the region. However, he or she works in a collaborative manner with the Military Health Services System partners to manage the delivery of healthcare within the region.

4. **Medical Treatment Facility.** A DoD health facility staffed and equipped to provide inpatient and/or outpatient medical care to eligible beneficiaries. It may be affiliated with or independent of a dental treatment facility. A medical treatment facility is funded by the Defense Health Program.

5. **Regular Duty Hours.** Those hours over an extended period; i.e., several workweeks, when an employee typically performs regularly scheduled work.

6. **Work Unit.** An entity with a specific mission, homogeneous procedures, or technology, headed by a supervisor or manager, and located in the same physical place.

D. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (d)) that:

1. The head of a DoD Component, or his or her designee, is authorized to designate work units where an employee may be required to be on-call. Designation of such work units should be based upon staffing needs that cannot be solved without placing an employee on-call. This authority may be delegated to a commander of a medical or dental treatment facility, or its equivalent, but no further.

2. The lead agent of the appropriate military health services region must be notified when any provision of 38 U.S.C. (reference (b)) is implemented within that region. The lead agency may monitor the use of provisions of reference (b) implemented within the region to determine the impact on healthcare delivery options.

3. The commander of a medical or dental treatment facility, or its equivalent, may authorize supervisors of work units where employees may be required to be on-call to schedule such employees to be on-call under this section.

4. An employee should not be scheduled to be on-call unless it is essential for such an employee to be IMMEDIATELY available to return to duty.

E. ELIGIBILITY

To be eligible to receive on-call pay, an employee must be assigned to a work unit for which such pay is authorized and must be officially scheduled to be on-call outside his or her regular duty hours or on a holiday.

F. ADMINISTRATION OF ON-CALL PAY

1. An employee officially scheduled to be on-call under this section shall be paid 10 percent of his or her applicable overtime rate (calculated based on one and one-half times an hourly rate of basic pay derived by dividing an annual rate of basic pay by 2087, as prescribed under

5 U.S.C. 5504 (reference (a)) for each hour of on-call duty.

2. When an employee on-call is required to return to work, on-call pay will be suspended and the employee will be paid basic pay or overtime pay, as appropriate, for the period the employee actually performs work. When released from the requirement to perform actual work, the employee will return to his or her remaining scheduled on-call status.

3. When an employee on-call is required to return to work, the time spent performing actual work is deemed to be at least 2 hours for pay purposes. An employee may not receive on-call pay during periods that are deemed to be actual work under this provision.

4. If an employee is incapacitated or otherwise unavailable to return to work during a scheduled on-call period, the employee must report his or her incapacitation or unavailability to the scheduling official. An employee unable to return to work during such a period is not entitled to on-call pay.

5. An employee who is excused from regular duty on a holiday or in-lieu of holiday may be scheduled to be on-call and receive on-call pay.

6. For overtime pay purposes under Chapter 8 of 29 U.S.C. (reference (e)), on-call pay is included in total remuneration, but hours in an on-call status are not considered hours of work.

G. RECORD-KEEPING REQUIREMENTS

The commander of a medical or dental treatment facility, or its equivalent, and the affected director of personnel shall keep adequate records to evaluate the use of this authority as required by the Assistant Secretary of Defense for Health Affairs. Such records shall include:

1. How the authority is used by the facility;
2. The location of the facility;
3. The type of occupations covered; and,
4. Any other pertinent data that may be required to evaluate the overall use of the authority by the Department of Defense and OPM.

SUBCHAPTER 543

PAY UNDER TITLE 38--SPECIAL PAY
FOR PHYSICIANS AND DENTISTS

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SUBCHAPTER 543

**PAY UNDER TITLE 38--SPECIAL PAY
FOR PHYSICIANS AND DENTISTS**

- References:**
- (a) Title 5, United States Code
 - (b) Title 38, United States Code
 - (c) Delegation Agreement between the Office of Personnel Management and the Department of Defense, November 30, 1993, and December 20, 1993, respectively, concerning the use of certain personnel authorities for health-care occupations
 - (d) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (e) Title 3, United States Code
 - (f) Title 32, United States Code

A. PURPOSE

This Subchapter provides rules for payment of special pay for physicians and dentists under 5 U.S.C. 5471 (reference (a)) and Chapter 74, subchapter III of 38 U.S.C. (reference (b)) as authorized by 5 U.S.C. 110 (reference (a)) and the Delegation Agreement between the Office of Personnel Management (OPM) and the Department of Defense (reference (c))

B. COVERAGE

1. This Subchapter covers a civilian physician or dentist at GS-15 and below (or at an equivalent grade level in another system; e.g., the title 38, U.S.C., rank-in-person system) who:
 - a. Provides direct patient care services or service that is incident to patient care; and
 - b. Serves in a position that has not been excluded from receipt of special pay by statute, by the provisions of the Delegation Agreement (reference (c)), or by the Secretary of a Military Department, or his or her designee as provided in subsection E.3., below. Such exclusions will be reviewed on an annual basis.
2. The following physicians and dentists may not receive special pay:
 - a. A physician or dentist currently serving in the Armed Forces of the United States.
 - b. A physician or dentist who is serving in an internship or residency training program.
 - c. A physician or dentist who is a reemployed annuitant.

d. A physician or dentist in the Senior Executive Service, in a senior-level scientific or professional position, or in another senior-level system.

e. A physician who receives a physicians comparability allowance under 5 U.S.C. 5948 (reference (a)).

d. A physician or dentist who is covered by an intermittent work schedule or who is employed on a regular basis for less than 20 hours in a pay period.

3. A former member of a uniformed service who retired or resigned from the service within 12 calendar months is eligible to be considered for special pay on a case-by-case basis with the approval of the Secretary of a Military Department, or his or her designee, but only if the individual is the only qualified candidate or is EMINENTLY well-qualified for the position.

C. SPECIAL PAY

Special pay for physicians and dentists means pay authorized under Subchapter III of Chapter 74 of 38 U.S.C. (reference (b)), to recruit and retain highly qualified physicians and dentists. Special pay factors for a physician or a dentist includes pay for:

- a. Full-time status;
- b. Length of service;
- c. Certification in a scarce medical or dental specialty (scarce specialty pay);
- d. Executive responsibilities (which is not authorized at this time);
- e. Specialty or first board certification and subspecialty or secondary board certification (board certification pay);
- f. Exceptional qualifications within a specialty; and,
- g. Working in a specific geographic location where extraordinary staffing difficulties exist (geographic location pay).

Special pay may be paid only upon the execution of, and for the duration of, a written agreement entered into by the physician or dentist as provided under 38 U.S.C. 7432 (reference (b)).

D. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (d)) that:

1. Special pay may be paid in Department of Defense to recruit and retain highly qualified physicians and dentists. Payment of special pay is optional within each Military Department. However, if a determination is made by the Secretary of a Military Department, or his or her designee, that a factor of special pay will be paid to a position or a specific category of positions, other physicians or dentists performing the same or similar duties in the Military Department must be CONSIDERED for such payment.

2. Physicians and dentists will be compensated at levels that are reasonably comparable with the levels of total pay of physicians and dentists employed in comparable positions in other Federal healthcare facilities and in the private and non-Federal sectors.

E. AUTHORITIES

1. The Deputy Assistant Secretary of Defense for Health Services Operations and Readiness (DASD(HSO&R)), with no further delegation, may:

a. Establish nationwide scarce medical or dental specialty ranges for scarce specialty pay and review such rates on an annual basis;

b. Establish and review annually the criteria for the payment of authorities implemented under subsections E.2., 3., 4., and 5., below, based on changing needs and to ensure consistent application throughout the Department of Defense;

c. Designate a specialty or subspecialty for payment of board certification pay; and,

d. Determine record-keeping and reporting requirements and designate levels of responsibility necessary to ensure that the Department's use of the special pay authority can be evaluated as required by the Delegation Agreement (reference (c)).

2. The Secretary of a Military Department, based on the criteria established under subparagraph E.1.b., above, but without further delegation, may approve a request for special pay when the proposed total compensation would exceed Executive Level I.

3. The Secretary of a Military Department, based on criteria established under subparagraph E.1.b., above, may:

a. Determine the category(ies) of physicians or dentists or positions that may be considered for payment of special pay within the Military Department;

- b. Except as provided in subsection E.1., above, approve a request for special pay for an individual physician or dentist, including a request for special pay for exceptional qualifications or a request for special pay for a military member who retired or resigned within 12 calendar months;
 - c. Establish facility-specific ranges for payment of scarce specialty pay and review such ranges annually. (Ranges established under this provision are not limited to those established under subparagraph E.1.a., above. This flexibility is intended to assist in responding to SEVERE recruitment and retention problems at a specific facility when geographic location pay alone cannot resolve the staffing problem.);
 - d. Establish geographic location pay for a specific category(ies) of physician or dentist in a specific location;
 - e. Waive repayment of the prorated amount of special pay for failure to complete a service agreement for an individual within the Military Department;
 - f. Approve a request for special pay that results in an increase in per annum special pay of more than 50 percent; and,
 - g. Redelagate any of the authorities covered by this paragraph to the Surgeon General of the Military Department or to an individual with comparable operation authority. The authorities may not be further delegated.
4. The Secretary of a Military Department, based on criteria established under subparagraph E.1.b., above, may:
- a. Recommend payment of all factors of special pay for an individual physician or dentist;
 - b. Renew a service agreement approving special pay for a physician or dentist, except an agreement that increases the per annum special pay received by more than 50 percent or an agreement that results in total compensation exceeding Executive Level I;
 - c. Recommend establishment of facility-specific ranges for payment of scarce specialty pay as provided in subparagraph E.3.c., above;
 - d. Recommend establishment of geographic location pay for a specific category(ies) of physician or dentist when there is no other DoD medical treatment facility(ies) in the same geographic area, and review such rates when their authorizations expire;
 - e. Exclude a physician or dentist from receiving geographic location pay; and,

f. Redesignate any of the authorities covered by this subparagraph to the Surgeon General of the Military Department or the commander of a medical or dental treatment facility. The authorities may not be further delegated.

5. The lead agent in a military health services region with no further delegation will coordinate the establishment of geographic location pay for a specific category of physician or dentist when there is more than one DoD medical or dental treatment facility in the same geographic area and will coordinate the review of such rates when the authorizations expire. Such coordination shall include a review by the Secretary of the Military Department, or his or her designee, as provided in subparagraph E.3.d., above.

F. SERVICE AGREEMENT

A signed agreement containing the following provisions is required before a physician or dentist may receive special pay (The DASD(HSO&R) will prescribe the service agreement.):

1. A service agreement will be for a minimum of 1 year but may be for no more than 4 years. A physician or dentist may negotiate the specific length of an agreement, but a service agreement must be for a whole year(s).

2. A service agreement represents a physician's or dentist's commitment to remain in a position for a specified period of time. It is not a management contract and does not prevent or limit the management's right to take corrective or disciplinary actions.

3. The amount of special pay identified in the service agreement may be adjusted upward to reflect an increase in a physician's or dentist's length of service as appropriate under section H, below.

4. A service agreement specifies that, except as provided in subsections F.5. and 6., below, a physician or dentist who voluntarily or because of misconduct fails to complete a period of service specified in an agreement must refund the amount of special pay received under the agreement for that year equal to:

a. 100 percent of the amount of special pay received during the first year of service for failure to complete the agreement during that year;

b. 75 percent of the amount of special pay received during the second year of service for failure to complete the agreement during that year;

c. 50 percent of the amount of special pay received during the third year of service for failure to complete the agreement during that year; and,

d. 25 percent of the amount of special pay received during the fourth year of service for failure to complete the agreement during that year.

5. a. The Secretary of a Military Department, or his or her designee, as provided in subparagraph E.3.e., above, may waive the requirement to repay all or part of any amount of special pay in cases where failure to complete a service agreement is determined to be beyond the control of the physician or dentist. (The DASD(HSO&R) will prescribe the procedures for requesting and approving waiver of repayment of special pay.)

b. A physician or dentist who fails to complete a service contract because of any of the following circumstances is not required to repay any amount of special pay received:

(1) In the event of a reduction in force;

(2) Transfer of function; or,

(3) Directed reassignment in connection with a reorganization announced in writing by the employing Military Department.

6. The execution of a new service agreement initiated by the Military Department employing a physician or dentist will supersede any previous service agreement. The physician or dentist will be responsible for the length of service specified in the new agreement. A physician or dentist must fulfill at least one full year of service under an agreement before the Military Department may initiate a superseding service agreement.

7. A physician or dentist may sign a service agreement only after the authorized approving official has approved the payment of and the amount of special pay.

8. To reduce a repayment liability, a physician or dentist may stop receiving special pay when the employee knows he or she will otherwise breach the agreement.

G. ADMINISTRATION OF SPECIAL PAY

1. Establishment of special pay amounts:

a. A special pay amount for a physician or dentist will be established on an individual basis according to the special pay factors contained in section H., below, and recorded as provided by the DASD(HSO&R);

b. A request for special pay, the amount of which would cause the total compensation a doctor or dentist receives to exceed Executive Level I, requires the review and approval as provided in subsection E.2., above. The review of such a request will be solely for the purpose of determining whether the amount of special pay proposed is necessary to recruit or retain the individual physician;

c. A request for special pay that results in an increase in per annum special pay of more than 50 percent or a decrease in per annum special pay of more than 25 percent from the previous per annum special pay amount must be approved as provided in subsection E.3., above;

d. A request for special pay, regardless of total amount, that includes pay for exceptional qualifications within a specialty requires review and approval as provided in subsection E.3., above; and,

e. The amount of special pay paid to a physician or dentist may be changed, without affecting the period of service obligation, when a physician completes the required number of years to move to a higher length-of-service special pay rate.

2. Special pay is effective at the beginning of the pay period immediately following its approval by the designated approving official or on a later date if so specified by the special pay service agreement; e.g., coincident with the entrance-on-duty of a new employee. Special pay may not be approved on a retroactive basis.

3. Special pay, unless terminated as provided in subsection G.4., below, is paid on a biweekly basis, calculated by dividing the approved annual special pay amount by the number of days in the year (365 or 366, as appropriate) covered by the service agreement and multiplying the result, rounded to the nearest whole cent--counting one-half cent and over as a whole cent, by 14 (the number of days in a biweekly pay period). Any remaining days, those that do not comprise a 14-day period, will be paid during the last pay period covered by the service agreement.

When a physician or dentist is on leave without pay (LWOP) for any part of a day, special pay is not payable for that day. If a physician or dentist is on LWOP on the days both before and after a nonworkday(s), he or she may not receive special pay for the nonworkday(s).

4. Special pay continues for the period specified in the service agreement and terminates on the last day specified in the service agreement, unless one or more of the following conditions results in an earlier termination:

a. There is a significant change in the duties and responsibilities of the affected physician or dentist, e.g., promotion, demotion, etc.;

b. The physician or dentist separates from the employing organization through reassignment (other than a reassignment to a successor position resulting from a realignment or reorganization), transfer, resignation, retirement, etc.;

c. The physician or dentist voluntarily changes his or her tour of duty to reduce or increase the basic work schedule;

d. The physician or dentist moves into an excluded category; or

e. A superseding service agreement is executed.

5. Special pay may be reauthorized when a service agreement expires. If special pay is reauthorized, the basis for each special pay factor amount must be reviewed and adjusted, as appropriate.

6. A part-time physician or dentist who works at least 20 hours a pay period may be eligible to be considered for special pay. Special pay amounts for each factor described in section H., below, will be prorated for part-time service except for the full-time status factor. Prorated amounts will be based on the number of hours in the physician's or dentist's regular tour of duty but may not exceed 75 percent of the amount payable to a full-time physician or dentist.

7. A physician or dentist who receives special pay for which he or she is not eligible is liable for repayment of such pay.

8. Relationship to basic pay:

a. Special pay is considered to be basic pay for life insurance purposes under Chapter 87 of 5 U.S.C. (reference (a)), and the Thrift Savings Plan. It is also considered basic pay for retirement purposes under OPM regulations;

b. Special pay is included in any continuation of pay under 5 U.S.C. 8118 (reference (a)) in connection with a work-related injury; and,

c. Special pay, a premium for extraordinary services, is not considered basic pay for other pay administration purposes including severance pay, lump-sum payments for annual leave, calculation of recruitment and relocation bonuses and retention allowances, worker injury compensation, etc.

9. Relationship to other pay under 5 U.S.C. (reference (a)):

a. A physician or dentist who receives special pay may not receive any form of premium pay under Chapter 55 of 5 U.S.C. (reference (a));

b. A physician who receives special pay is not eligible to receive a physicians comparability allowance under 5 U.S.C. 5948 (reference (a)); and

c. A physician or dentist who receives special pay may be authorized to receive other forms of discretionary pay under 5 U.S.C. (reference (a)), including recruitment and relocation bonuses and retention allowances, supervisory differentials, etc.

The sum of all pay, allowances, differentials, bonuses, awards, or other similar payments authorized and paid under title 5 U.S.C. (reference (a)), to a physician or dentist may not exceed Executive Level I in any calendar year, as specified in 5 U.S.C. 5307 (reference (a)).

The sum of all pay, allowances, differentials, bonuses, awards, other similar payments, and special pay under 38 U.S.C. (reference (b)), may not exceed Executive Level I in any calendar year unless approved by the Secretary of a Military Department.

10. The total compensation a physician or dentist receives, including special pay received under 38 U.S.C. (reference (b)), any payments authorized under 5 U.S.C. (reference (a)), military retired pay under 32 U.S.C., and any other pay received from an entity of the Federal Government including awards may not exceed the amount of annual compensation (excluding expenses) specified in 3 U.S.C. 102 (reference (e)).

11. A full-time dentist or physician receiving special pay is considered to be in a duty status 24 hours a day, 7 days a week. Tours of duty of 80 hours per pay period, plus any additional hours of work required, will be specified whenever possible.

12. A physician or dentist receiving special pay continues to be covered by the leave provisions of Chapter 63 of 5 U.S.C. (reference (a)). Leave will be charged against the physician's or dentist's regularly scheduled nonovertime biweekly tour of duty. Special pay continues during periods of annual leave, sick leave, court leave, military leave, or excused absence.

H. SPECIAL PAY FACTORS

The following special pay factors are payable, as appropriate, to a physician or dentist occupying a position for which special pay has been approved (When determining dollar amounts payable for individual special pay factors, it is the Department's intention to use ranges established by the Department of Veterans Affairs whenever and wherever possible.):

1. **Full-time Status**. A full-time physician or dentist occupying a covered position is eligible to receive special pay for full-time status. The amount of special pay for this factor is not negotiable nor may it be prorated for part-time service.

a. A full-time physician may receive \$9,000 a year.

b. A full-time dentist may receive \$3,500 a year.

2. **Length of Service**. A physician or dentist occupying a covered position who meets the length of service requirements established by the DASD(HSO&R) shall receive the annual rates described therein. Pay for this factor is limited to \$25,000 a year for a physician and \$4,000 a year for a dentist.

3. **Scarce Specialty Pay** may be paid to a physician or dentist occupying a covered position who is trained and experienced in a specialty for which the DoD encounters EXTRAORDINARY recruitment and retention problems. Pay for this factor is limited to \$40,000 a year for a physician and \$20,000 a year for a dentist.

a. Scarce specialty pay may be established by the DASD(HSO&R) based on nationwide needs, or, as provided in subsection E.3., above, based on the needs of a specific facility. Scarce specialty pay is appropriate only in situations when the maximum amount of geographic location pay, provided in subsection G.6., below, is insufficient to resolve a staffing problem.

b. The DASD(HSO&R) will designate applicable nationwide scarce specialty ranges and will provide the criteria necessary to determine and document that adequate recruitment and retention problems exist for payment of scarce specialty pay.

4. 38 U.S. C. 7433(b)(4) and 7435(b)(4) (reference (b)), will not be used in the Department of Defense.

5. **Board Certification Pay.** A physician or dentist occupying a covered position who is currently certified as having met the full requirements of the appropriate American specialty board (i.e., a specialty board that is a member of the American Board of Medical Specialties, a board recognized by the Advisory Board of Osteopathic Specialists, or recognized by the American Dental Association is acceptable for this purpose) for a specialty related to the Department's healthcare mission is eligible to receive board certification pay. The DASD (HSO&R) will review annually the applicable specialties to determine whether a specialty should be included with or excluded from those related to the accomplishment of the Department's healthcare mission.

a. A physician or dentist is eligible to receive \$2,000 a year for specialty or first board certification and \$500 a year for a related subspecialty or secondary board certification.

b. Information concerning the board certification status of a physician or dentist must be recorded on the service agreement. A physician or dentist must inform his or her supervisor of any change to such status as provided in subsection G.4., above.

c. Payment of special pay for this factor is based on the record of board status and will be discontinued if the certification expires or is revoked.

6. **Geographic Location Pay** may be authorized for a physician or dentist who provides services in a specific category of position or specialty at a specific geographic location for which the designated approving official has determined there are EXTRAORDINARY problems recruiting and retaining qualified physicians. Pay for this factor is limited to \$17,000 a year for a physician and \$5,000 a year for a dentist. The DASD(HSO&R) will provide criteria for payment of geographic location pay.

7. **Pay for Exceptional Qualifications** within a specialty may be paid to a physician or dentist occupying a covered position who possesses exceptional or distinguishing qualifications in a specialty within a category of positions. Pay for this factor is limited to \$15,000 a year for a physician and \$5,000 a year for a dentist. The DASD(HSO&R) will provide criteria for authorizing special pay for exceptional qualifications within a specialty.

July 25, 1997
DoD 1400.25-M

SUBCHAPTER 591

**STANDARDS FOR FURNISHING UNIFORMS OR PAYING UNIFORM
ALLOWANCES TO DOD CIVILIAN EMPLOYEES**

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SUBCHAPTER 591

**STANDARDS FOR FURNISHING UNIFORMS OR PAYING UNIFORM ALLOWANCES
TO DOD CIVILIAN EMPLOYEES**

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Section 5901 of title 5, United States Code
 - (c) Title 5, Code of Federal Regulations, Part 591, Subpart A, "Uniform Allowances"
 - (d) DoD Instruction 1418.2, "Standards for Furnishing Uniforms or Paying Uniform Allowances to DoD Civilian Employees," May 5, 1969, hereby canceled
 - (e) ASD(MRA&L) Memorandum, "Uniform Allowances for DoD Civilian Employees," dated December 21, 1981, hereby canceled
 - (f) Title 32, United States Code
 - (g) DoD Manual 1416.8-M, "Foreign National Compensation," January 12, 1990, authorized by DoD Instruction 1416.8, "Compensation Programs for Foreign Nationals," December 5, 1980
 - (h) Section 1593 of title 10, United States Code

A. PURPOSE

1. This Subchapter implements DoD policies under references (a) through (c), and delegates authority, assigns responsibility, and establishes procedures for the payment of uniform allowances to civilian employees of the Department of Defense.

2. Cancels references (d) and (e).

B. APPLICABILITY AND SCOPE

1. The provisions of this Subchapter apply to all DoD Components and cover employees furnished uniforms or paid a uniform allowance under 5 CFR 591 (reference (c)).

2. They do not apply to such actions taken under other provisions of law or regulation. Employees furnished uniforms or paid a uniform allowance under other provisions of law or regulation may not receive uniforms or uniform allowances under 5 CFR 591 (reference (c)).

3. This Subchapter does not apply to National Guard military technicians employed under 32 U.S.C. (reference (f)).

C. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (a)) that:

1. Employees shall be required to wear uniforms only after a determination has been made that the nature of their work makes the wearing of a uniform necessary.
2. When the wearing of a uniform is required, employees shall be furnished the uniform at a cost not to exceed the maximum legal limit per year as established by 5 CFR 591 (reference (c)), paid a uniform allowance not to exceed the cost of the uniform, or the maximum legal limit per year, whichever is less. The uniform specified shall be the most economical type sufficient to accomplish the purpose for which the uniform is required.

D. PROCEDURES

1. Amount of Initial and Replacement Allowances

a. The amount of allowance to be paid, or the cost of the uniform furnished, must be within the maximum legal limit for each employee. The current maximum amount is \$400 per employee, per year, unless a higher allowance is authorized under 10 USC 1593 (reference (h)).

b. The allowance for the first year shall be paid on or before the date the employee is required to wear the uniform.

c. Allowances for succeeding years are to help defray the cost of replacement items.

(1) Replacement costs are based on item cost prorated over the estimated life of the article.

(2) Replacement allowances shall be paid on an annual, semi-annual, or quarterly basis and in advance of the period in which service is to be performed.

d. Uniforms furnished employees under the authority of 5 CFR 591 (reference (c)) may be acquired either through purchase or rental, except that no rental contract may include a provision for cleaning or laundering services at DoD expense.

e. Items such as cap devices and badges shall be issued to employees if required, and returned to the issuing authority when the employee is separated.

2. Allowances During Transfer and Reemployment

a. Periods covered by allowance payments.

(1) The period covered by the initial allowance is 1 year.

(2) The period covered by each replacement allowance is a year, six months, or three months based on the replacement schedule.

(3) When an employee transfers to, or is reemployed in, another position requiring a uniform, allowance payments for identical uniform requirements that overlap these periods are not authorized.

b. Transfer or reemployment in the same occupation group. When the same uniform requirements apply upon transfer or reemployment, the period covered by the last allowance payment must come to an end before a further allowance payment may be made.

c. Payment of additional initial allowance.

(1) An employee who is transferred to, or reemployed in, a position with different uniform requirements following payment of an initial or replacement allowance, shall be paid the initial allowance appropriate to the new position.

(2) An employee who leaves his or her position after he or she is paid an initial or replacement allowance, and is later reemployed in the Department of Defense in a line of work where the same uniform is required, shall be paid the initial allowance upon reemployment, provided a period of at least 1 full year has elapsed since the end of the period covered by the last allowance payment.

E. RESPONSIBILITIES

1. The Secretaries of the Military Departments, or their designees, shall be responsible for taking the following actions which shall govern employees under their jurisdiction. The Directors of Defense Agencies shall assume responsibilities for employees under their jurisdiction, and the Director, Administration and Management, OSD, shall assume the same responsibilities for employees in the OSD and the Joint Chiefs of Staff:

a. Determine the occupational groups that shall be required to wear uniforms under the provisions of 5 CFR 591 (reference (c)), and those that shall continue to be required under other provisions of law.

b. Determine that existing requirements are consistent with the standards contained in this Subchapter and 5 CFR 591 (reference (c)). Those requirements not consistent with these standards shall be revoked. New requirements may be established consistent with these standards.

c. Issue written guidelines that shall include the following for each group of employees subject to the same uniform requirements:

(1) State whether uniforms shall be furnished or an allowance paid.

(2) Identify articles of prescribed clothing to be issued to each employee, or for which a uniform allowance shall be paid.

(3) Prescribe the amount of the initial allowance to be paid and the amount of subsequent replacement allowances or, if the uniform is furnished, the quantity of each article of prescribed clothing to be issued initially to each employee and the conditions and method of replacement.

(4) Outline the procedures for:

(a) Return of uniforms, if applicable, by employees when they are no longer required for official duty;

(b) Proper accountability of the uniforms upon issue;

(c) Maintenance of the uniform in a proper state of repair; and,

(d) Other related requirements needed to protect the interests of DoD.

d. Copies of all regulations and changes to regulations shall be furnished to the Assistant Secretary of Defense (Force Management Policy) upon issuance. When the wearing of a uniform is prescribed for the first time, a statement shall be forwarded indicating the reason for establishing the requirement.

2. Establishing higher initial maximum uniform allowance rates will be considered only where appropriate due to high costs for the initial outlay of the uniform. Military Departments desiring to establish higher initial uniform allowance rates shall do so in accordance with the provisions outlined in 5 CFR 591 (reference (c)). The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) shall review, coordinate, and forward the finalized proposal for publication in the Federal Register.

3. As an exception to subsection E.1., above, but subject to the standards contained in this Subchapter, overseas commanders shall make determinations as to whether the wearing of a uniform by indigenous or other third-country national personnel at overseas locations is in the best interests of the Department, and if so will:

a. Furnish uniforms or pay uniform allowance under the provisions of 5 CFR 591 (reference (c));

b. Comply with the total compensation comparability program as established in DoD Manual 1416.8-M of reference (g); or,

c. Continue to furnish uniforms or to pay allowances under a prior authorization.

SUBCHAPTER 610

HOURS OF DUTY

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SUBCHAPTER 610

HOURS OF DUTY

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Sections 6101-6133 of title 5, United States Code
 - (c) Title 5, Code of Federal Regulations, Part 610, "Hours of Duty," current edition
 - (d) Executive Order 11582, "Observance of Holidays by Government Agencies," February 11, 1971

A. WEEKLY AND DAILY SCHEDULING OF WORK

Purpose. This Subchapter implements DoD policy under references (a) through (c). Provisions applicable to the Senior Executive Service will be covered in CPM Chapter 900, "Executive Resource System."

B. HOLIDAYS

Purpose. 5 CFR 610.201-202 (reference (c)) and E. O. 11582 (reference (d)) provide guidance on the identification and determination of holidays.

a. When an employee's regularly scheduled tour of duty includes two shifts which begin within the same 24-hour period, holiday benefits apply to the calendar day on which the first shift begins.

b. Part-time employees are not entitled to "in-lieu-of holidays." However, when a part-time employee is prevented from working because the activity is closed to provide full-time employees an in-lieu-of holiday, the part-time employee may either be placed in an appropriate leave category or be excused (placed on administrative leave) without loss of pay for the number of hours he or she is regularly scheduled to work on that day.

C. ADMINISTRATIVE DISMISSALS OF EMPLOYEES

1. **Introduction.** This section covers situations in which a commander or head of activity uses his or her authority to close all or part of an activity and, consistent with that closure, administratively excuses the non-emergency civilian workforce. This includes unanticipated curtailment of operations based on extreme weather, natural disasters, and unforeseen interruptions of transportation or building services (potential health or safety risk).

2. General

a. The Assistant Secretary of Defense for Force Management Policy (ASD(FMP)) has overall responsibility for DoD policy concerning administrative dismissal of DoD employees affected by emergency situations.

b. It is within the administrative authority of a commander or head of activity to close all or part of an activity and to excuse administratively non-emergency employees during such closure. This authority is not intended to cover extended periods of interrupted or suspended operations that can be anticipated sufficiently in advance to permit arranging for assignment to other work or scheduling of annual leave, compensatory time earned, credit hours, or leave without pay (LWOP).

c. Employees in the Washington, D.C. metropolitan area (i.e., their duty station is inside the Washington Capital Beltway) should follow the Washington, D.C., Area Emergency Dismissal or Closure Procedures as administered by the DoD Component or Washington Headquarters Services, as appropriate.

d. In geographical areas (defined as areas within which employees normally commute to work) where the conditions affect more than one Defense activity, the commander or head of activity employing the largest number of civilian employees shall make the determination if an emergency exists and assess the appropriateness of authorizing administrative dismissal of non-emergency employees. Decisions by other commanders and heads of activities within the geographical area in question which are at variance with the decision of the major geographical area commander or head of activity must be coordinated with that commander or head of activity. As appropriate, coordination with non-Defense Federal installations in the area may be undertaken through Federal Executive Boards or similar organizations of Federal officials.

3. Criteria

a. Group dismissal should be rare and authorized only when conditions are severe or normal operations would be significantly disrupted. This authority may not be used to create the effect of a holiday (to include activity down days and training days).

b. Group dismissal authority may be used to the extent warranted by good administration for short periods. Group dismissals will normally not exceed 3 consecutive workdays in a single period. When approving group dismissals, commanders or heads of activities must consider practices of private employers in the area, the use of unscheduled leave in individual cases, and the severity of working or commuting conditions.

c. Before group dismissal authority may exceed 3 consecutive workdays, the commander or head of activity must consider using options such as details to other activities, the use of unscheduled leave and the use of furlough authority. In rare cases, when group dismissal is approved beyond 3 consecutive workdays, the administrative order must document why other alternatives could not be used and the reason(s) for the length of the anticipated dismissal.

d. When all or part of an activity is closed for short periods because of planned management action and arrangements cannot be made for assignment to other work, employees shall be notified as far in advance as possible but no less than three full work days when circumstances permit, and shall be required to take annual leave, compensatory time earned or credit hours, unless LWOP is requested.

4. **Responsibilities.** Annually, activities shall publicize written procedures for emergency situations that indicate the means of employee notification; reiterate early release and late arrival practices, including policies for approving absences; and identify "emergency employees" who are expected to report for, or remain at, work in emergency situations unless otherwise notified.

5. **Charging Leave in Emergency Situations**

a. **Emergency Employees.** Emergency employees who do not report for work as required, may be charged annual leave, sick leave, credit hours, compensatory time earned, LWOP, or absence without leave (AWOL), if appropriate.

b. **Employees in Special Situations.** Employees on LWOP pending disability retirement or while in receipt of Workers' Compensation, on military leave, suspension, or in a nonpay status the workday before and after a closure, shall be continued in that status.

c. **Emergency Situations Occurring Before the Start of the Workday**

(1) When an activity is open and employees are expected to report to work on time, employees may be authorized use of annual leave, credit hours, LWOP, compensatory time earned, or excused for reasonable tardiness when they experience commuting delays.

(2) When the activity is open but some employees might be prevented from reporting to work or returning home safely, an unscheduled leave policy may be instituted.

(3) When an activity is closed, all affected non-emergency employees should be excused (placed on administrative leave) without loss of pay, whether or not other leave was previously approved.

d. **Emergency Situations Occurring During the Workday**

(1) When an activity remains open and employees are expected to complete the day's tour, they may be granted annual leave, credit hours, compensatory time earned, or LWOP.

(2) When an activity suspends operations, as much as practical, all non-emergency employees on duty at the time of dismissal should be excused (placed on administrative leave) without loss of pay, even if they were scheduled to take leave later in the day.

(a) Excused absence (administrative leave) may be granted to avoid hardship for employees who are authorized to leave after official notice of dismissal, but before official departure time, for the period remaining until official departure time. When an employee leaves after receiving official word of the pending dismissal but before the time set for dismissal (with supervisory approval) in a situation not involving a hardship, annual leave, credit hours, compensatory time earned, or LWOP may be charged as appropriate for the period remaining until the employee's official departure time, i.e., the authorized dismissal time.

(b) Annual leave, credit hours, compensatory time earned, or LWOP may be granted, or AWOL may be charged, if appropriate, to employees who leave before official notice of dismissal, for the period remaining until the end of the regular workday.

(c) When an employee was scheduled to return from leave during the dismissal period, the activity should continue to charge leave for the absence until the time set for dismissal, then charge any continuing absence due to the emergency in the same manner as absences of other employees who were on duty at the time of dismissal, i.e., as an excused absence.

(d) Non-emergency employees who are scheduled to report for work before the dismissal, but who don't report, should be granted leave, compensatory time earned, credit hours or charged AWOL, if appropriate, for the entire workday.

6. Miscellaneous Provisions

a. When employees are prevented from working because of temporary shut-downs due to labor disputes at a private plant to which they are assigned, every effort must be made to assign them to other work. If that assignment is not possible, employees may be excused (placed on administrative leave) without loss of pay.

b. When private plants are closed based on a planned shutdown (e.g., Christmas or other scheduled period) and employees cannot be assigned other work, employees may not be excused (placed on administrative leave), but should be carried in an appropriate leave status (e.g., annual leave, compensatory time earned, credit hours, or LWOP).

D. FLEXIBLE AND COMPRESSED WORK SCHEDULES

1. **General.** The authorities assigned to agencies in 5 U.S.C. 6120-6133 (reference (b)) and 5 CFR 610.401-407 (reference (c)), which define "agency" as any Executive Agency or any Military Department, are delegated to the heads of the DoD Components (or designees).

2. Flexible Work Schedules

a. To preclude the use of administrative leave, plans for administration of flexible work schedules must address the occurrence of more than one holiday in a single pay period. Flexible work schedules should be administered so as to allow employees to fulfill the biweekly work requirement during those days when they are typically available for work (i.e., not a holiday or flexible day off) so that employees may enjoy both holidays without charge to leave or loss of pay.

b. By statute, the maximum biweekly carryover is 24 credit hours for employees on flexible work schedules. This is not intended to prohibit activities from approving credit hour accumulation or carryover limitations of less than 24 hours.

3. **Hybrid Work Schedules.** Individual work schedules that combine the unique attributes of flexible and compressed work schedules are not authorized.

SUBCHAPTER 630

LEAVE

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SUBCHAPTER 630

LEAVE

- References:** (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
(b) Title 5, Code of Federal Regulations, Part 630, "Absence and Leave"
(c) Title 5, United States Code, Chapter 63, "Leave"

A. PURPOSE

This Subchapter implements leave policies under references (a) through (c).

B. MINIMUM LEAVE CHARGE

The head of a DoD Component (or his or her designee) is the authority for establishing minimum charges for leave within that DoD Component as outlined in 5 CFR 630.206 (reference (b)). In carrying out this authority, minimum charges of less than 6 minutes shall not be established.

C. UNCOMMON TOURS OF DUTY

1. Under 5 CFR 630.210 (reference (b)), DoD employees on uncommon tours of duty shall accrue and use leave on the basis of that uncommon tour.

2. To determine accrual rates under the "directly proportional rule" outlined in 5 CFR 630.210(a) (reference (b)), the number of hours in the uncommon tour is multiplied by the accrual rate divided by 80 (uncommon tour x (accrual rate/80) = uncommon accrual rate). Shown below are applications of this formula for employees on typical biweekly tours of duty.

	<u>Leave accrual rate</u>	<u>Biweekly accrual</u>	<u>Accrual in last full pay period of calendar year</u>
112-hour tour	4	5 hours 36 minutes	5 hours 36 minutes
	6	8 hours 24 minutes	14 hours
	8	11 hours 12 minutes	11 hours 12 minutes
120-hour tour	4 ⁶	6 hours	6 hours
	6	9 hours	15 9 hours
	8	12 hours	12 hours
144-hour tour	4	7 hours 12 minutes	7 hours 12 minutes
	6	10 hours 48 minutes	18 hours
	8	14 hours 24 minutes	14 hours 24 minutes

3. Employees on uncommon tours of duty repeating on a cycle of more than one biweekly pay period (e.g., a three biweekly pay period cycle) accrue leave based on the average hours in

the biweekly tour. For example, an emergency medical technician on a tour of duty of 96 hours, for one biweekly pay period, and 120 hours, for each of the following two biweekly pay periods, works an average tour of 112 hours per pay period, and accrues leave based on a 112-hour tour of duty.

D. APPROVAL OF EXIGENCIES

The head of the DoD Component (or his or her designee) shall delegate, to the lowest practical level, responsibility for determining, under 5 CFR 630.305 (reference (b)), that an exigency is of such importance that it prevents the use of annual leave subject to forfeiture. Those who approve exigencies are responsible for establishing termination dates for the exigencies as required under 5 CFR 630.306(a)(2) (reference (b)).

E. TRANSFER OF FRACTIONAL UNITS OF LEAVE

Under 5 CFR 630.506(b) (reference (b)), fractions of an hour of leave shall transfer when an employee moves within the Department of Defense. The ability to use the transferred fractional unit of leave will depend on the minimum leave charge applicable to the employee in his or her new position.

F. ABSENCE IN CONNECTION WITH SERVING AS A BONE-MARROW OR ORGAN DONOR

The 7 days of paid leave authorized under 5 U.S.C. 6327 (reference (c)) shall be converted to hours (i.e., 56 hours for an employee working 80 hours in a biweekly pay period). The minimum charge for this type of paid leave is the same minimum charge applied to sick leave. The "directly proportional rule" is applied to determine the hours for an employee whose leave is administered on other than an 80-hour biweekly pay period (e.g., this 56 hours converts to 84 hours for an employee on a 120-hour tour of duty).

G. EXCUSED ABSENCE

1. Excused absence refers to an authorized absence from duty without loss of pay and without charge to other paid leave. Periods of excused absence are considered part of an employee's basic workday even though the employee does not perform his or her regular duties (e.g., an employee who performed duty for 36 hours and was granted 4 hours of excused absence would be paid for 40-hours even though the employee only performed 36 hours of regular duty). Consequently, the authority to grant excused absence must be used sparingly.

2. The head of a DoD Component (or designee) shall delegate, to the lowest practical level, authority to grant excused absence. Such delegations should be at levels where the budgetary and mission impact of excused absence decisions can be fully realized.

3. Comptroller General decisions limit discretion to grant excused absence to situations involving brief absences. Where absences are for other than brief periods of time, a grant of

excused absence is not appropriate unless the absence is in connection with furthering a function of the Department of Defense.

4. Listed below are the more common situations in which excused absence can be granted.

a. **Voting.** Excused absence may be granted to permit an employee to report to work 3 hours after the polls open or leave work 3 hours before the polls close, whichever involves less time away from work. For example, if polls are open 6:30 a.m. to 6:30 p.m., an employee with duty hours of 9:00 a.m. to 5:30 p.m. may report to work at 9:30 a.m. The 30 minutes of excused absence would permit the employee to report to work 3 hours after the polls open.

b. **Blood donation.** Employees who donate blood may be granted excused absence to cover travel to and from the donation site, the actual donation of blood, and recovery. This provision does not cover an employee who gives blood for his or her own use or receives compensation for giving blood.

c. **Permanent change of duty station (PCS).** Employees authorized PCS within the Department of Defense may be granted excused absence before departing the old duty station and following arrival at the new duty station to accomplish personal tasks resulting from the move (e.g., to close or open personal bank accounts; obtain State driver's license or car tags). In similar situations, employees coming to the Department of Defense from other Federal Agencies may also be granted excused absence after the employee is placed on DoD's employment roll. This provision does not cover time involved in complying with PCS requirements such as obtaining passport and vaccinations, adhering to government housing authority requirements, or being present for packing and receiving of household goods. Accomplishing tasks that are conditional to the PCS is considered to be an official duty.

d. **Employment interview.** Employees under notice of separation or change to lower grade for any reason except personal cause may be granted excused absence for job searches and interviews. Employees competing for positions within the Department of Defense may also be granted excused absence for merit placement interviews. This provision does not cover travel time to job searches and interviews outside the commuting area.

e. **Counseling.** Excused absence may be granted to permit an employee to attend the initial counseling session (e.g., drug, alcohol, financial) resulting from a referral under the employee assistance program. This provision does not cover the official duty status of an employee is in during the initial referral to the employee assistance program.

f. **Certification.** An employee may be granted excused absence to take an examination (e.g., certified public accountant examination) in his or her functional area if securing the certification or license would enhance the employee's professional stature, thereby benefiting the Department of Defense. This provision does not cover time spent preparing for such examinations.

g. **Volunteer activities.** Excused absence may be granted to employees participating in management-sponsored volunteer projects (e.g., adopt a school). This provision does not cover volunteerism in general. Such activity should be promoted through established leave programs and the flexibility offered through alternative work schedules.

h. **Emergency situations.** Excused absence may be granted to employees to assist in emergency situations. This provision does not cover employees who respond to emergencies in National Guard/Reserve status.

i. **Physical examination for enlistment or induction.** Excused absence may be granted to an employee to undergo medical examinations required by appropriate military authorities for enlistment or induction into the United States Armed Forces. This provision does not cover travel time outside the commuting area or situations in which the employee receives military compensation; can use military leave; or, undergoes additional tests, examinations, treatments for conditions discovered or suspected as a result of the examinations.

j. **Congressional Medal of Honor Holders.** Invited Congressional Medal of Honor holders may be granted excused absence to attend or participate in events such as inauguration of the President of the United States; Congressional Medal of Honor Society conventions; and, services on Memorial Day or Veterans Day.

k. **Funerals.** Excused absence may be granted to employees to attend funerals under the conditions established in 5 U.S.C. 6321 (reference (c)). This provision does not cover situations in which funeral leave is granted under 5 U.S.C. 6326 (reference (c)), and 5 CFR 630.801 (reference (b)), or the official duty status of an employee in connection with funerals of fellow Federal law enforcement officers or Federal firefighters under 5 U.S.C. 6327 (reference (c)).

SUBCHAPTER 711

LABOR-MANAGEMENT RELATIONS

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SUBCHAPTER 711

LABOR-MANAGEMENT RELATIONS

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Chapter 71 of title 5, United States Code, "Labor-Management Relations"
 - (c) Executive Order 12871, "Labor-Management Partnerships," October 1, 1993
 - (d) Public Law 96-70, "The Panama Canal Act of 1979," September 27, 1979
 - (e) Executive Order 12171, "Exclusions From the Federal Labor-Management Relations Program," as amended, November 19, 1979
 - (f) DoD Instruction 1400.10, "Employment of Foreign Nationals in Foreign Areas," December 5, 1980
 - (g) Executive Order 12391, "Partial Suspension of Federal Service Labor-Management Relations," November 4, 1982
 - (h) DoD 7000.14-R, "Department of Defense Financial Management Regulation," Volume 8, "Civilian Pay Policy and Procedures," June 1994, authorized by DoD Instruction 7000.14, "DoD Financial Management Policy and Procedures," November 15, 1992
 - (i) Title 5, Code of Federal Regulations, Chapter XIV, "Regulations of the Federal Labor Relations Authority (FLRA), General Counsel of the Federal Labor Relations Authority, and Federal Service Impasses Panel (FSIP)"
 - (j) Chapter 73 of title 5, United States Code, "Suitability, Security, and Conduct"
 - (k) Section 1918 of title 18, United States Code
 - (l) Title 29, Code of Federal Regulations, Parts 1404 and 1425, "Regulations of the Federal Mediation and Conciliation Service (FMCS)"
 - (m) Chapter 77 of title 5, United States Code, "Appeals"
 - (n) Title 29, Code of Federal Regulations, Parts 457-459, "Standards of Conduct"

A. PURPOSE

This Subchapter implements policies under references (a) through (n), prescribes procedures, delegates authority, and assigns responsibility for the Federal labor-management relations program within the Department of Defense.

B. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (a)) to establish labor management relationships focused on supporting and enhancing the Department's national security mission and creating and maintaining a high performance workplace which delivers the highest quality products and services to the American public at the lowest possible cost. Such relationships should be committed to pursuing solutions that promote increased quality and productivity, customer service, mission accomplishment, efficiency, quality of work life, employee

empowerment, organizational performance, and military readiness. DoD activities should seek to use consensual means of resolving disputes that may arise in a labor-management relationship.

C. RESPONSIBILITIES

1. The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) (DASD)(CPP) shall issue labor relations policies and procedures, coordinate labor-management relations programs and activities throughout the Department, and provide guidance on labor-management relations issues. The DASD(CPP) shall be the Department's primary point of contact with the Federal Labor Relations Authority (FLRA) and shall authorize the submission of documents to the Authority as provided for in this Subchapter (see paragraphs F.6.c., d. and f., below).

2. The Heads of the DoD Components shall ensure the labor-management relations program is implemented in their organizations.

D. DEFINITIONS

The terms defined in 5 U.S.C. 7103 (reference (b)) have the same definitions when used in this Subchapter.

1. **Employee.** The definition of employee in 5 U.S.C. 7103(a)(2) (reference (b)) includes civilian employees paid from nonappropriated fund instrumentalities (NAFIs), including off-duty military personnel with respect to employment with a DoD NAFL, when such employment is civilian in nature and separate from any military assignment. Military personnel are not "employees" for purposes of this Subchapter with respect to any matter related to their military status or assignment. Contractor personnel also are not covered by the definition of employee. Pursuant to Pub. L. 96-70 (1979), Section 1271(a) (reference (d)), the definition of employee includes non-U.S. citizen employees of the Department of Defense in the Panama Canal area.

2. **Primary National Subdivisions.** DoD primary national subdivisions are the Office of the Secretary of Defense, the Chairman of the Joint Chiefs of Staff, the Military Departments, the Defense Agencies (except the National Security Agency and those that the President has excluded from coverage by E.O. 12171 (reference (e))), the National Guard Bureau, the Army and Air Force Exchange Service, and the Department of Defense Education Activity.

E. COVERAGE

1. The Federal labor-management relations program and this Subchapter apply to all the DoD Components, including nonappropriated fund instrumentalities under their jurisdiction, except for the following:

a. The National Security Agency (see 5 U.S.C. 7103(a)(3)(D) (reference (b)));

b. Those DoD functional or organizational entities the President has excluded from coverage under E.O. 12171 (reference (e)); and,

c. Non-U.S. citizen personnel employed at DoD activities except for those in the Republic of Panama. Relationships with unions representing such non-U.S. citizens shall be consistent with pertinent intergovernmental agreements, local practices, customs, and DoD Instruction 1400.10 (reference (f)).

2. Provisions of Chapter 71 of 5 U.S.C. (reference (b)) shall not apply to any DoD entities located outside the 50 States and the District of Columbia where the President has suspended them under E.O. 12391 (reference (g)). This Subchapter shall be applied consistent with such suspensions.

F. PROCEDURES

1. **Dues Withholding.** DoD activities shall withhold union dues by allotment consistent with the requirements of 5 U.S.C. 7115 (reference (b)) and DoD 7000.14-R, Vol. 8 (reference (h)).

2. **Right of Representation.** As required by 5 U.S.C. 7114(a)(3) (reference (b)), DoD activities shall inform bargaining unit employees annually of their right to union representation under 5 U.S.C. 7114(a)(2)(B) (reference (b)).

3. Agreement Review

a. The Defense Civilian Personnel Management Service (CPMS), shall review and approve or disapprove agreements pursuant to 5 U.S.C. 7114(c) (reference (b)).

b. DoD activities should provide CPMS with one copy of agreements, or supplements to agreements, once negotiations are completed in order to facilitate the review and provide CPMS an opportunity to address issues prior to execution of the agreement.

c. Activities shall forward one copy of executed agreements, or supplements to agreements, to CPMS immediately upon execution. The transmittal letter shall indicate the specific date the agreement was executed, the name and address of the labor organization's designated representative, and the name and phone number of an activity point of contact.

d. DoD activities shall provide CPMS with a disk in a common word processing format (e.g., Microsoft Word, WordPerfect, or any standard text format) and a printed copy of approved agreements, or supplements to agreements, together with Office of Personnel Management (OPM) Form 913(b). CPMS will provide the printed copy to OPM (see paragraph F.10., below, regarding this reporting requirement). If the agreement is not on a disk, then the activity shall provide CPMS with two printed copies of the agreement. Activities shall also provide a copy to their appropriate Component headquarters.

e. Local agreements subject to a national or other controlling agreement at a higher organizational level shall be approved under the procedures of the controlling agreement. Where

no such procedures exist, a local agreement shall be reviewed under the procedures in this subsection.

f. DoD activities shall provide CPMS and their appropriate DoD Component headquarters with OPM Forms 913-B concerning changes in agreement expiration dates. CPMS will forward this information to OPM (see paragraph F.10., below, regarding this reporting requirement).

4. Exclusions from Coverage of the Federal Labor-Management Relations Program

a. The President may issue an order under 5 U.S.C. 7103(b)(1) (reference (b)) excluding DoD functional or organizational entities from coverage under the Federal labor-management relations program if the President determines:

(1) They have as a primary function intelligence, counterintelligence, investigative, or national security work; and,

(2) The provisions of the program cannot be applied to them in a manner consistent with national security requirements and considerations.

b. DoD activities shall forward requests for such exclusions, with fully developed supporting rationale, through channels to the DASD(CPP) for appropriate action. Requests shall include information on the numbers, types and grades of civilian employees involved and on whether they are represented by a union.

5. Suspension of Provisions of the Federal Labor-Management Relations Program

a. Under 5 U.S.C. 7103(b)(2) (reference (b)), the President may issue an order suspending any provision of the Federal labor-management relations program with respect to DoD functional or organization entities outside the 50 States and the District of Columbia if the President determines the suspension is necessary in the interest of national security. Under this authority, the President issued E.O. 12391 (reference (g)) which prohibits dealings on labor relations matters that would substantially impair DoD's implementation of any treaty or agreement and allied minutes or understandings between the United States and host nations.

b. DoD activities shall direct requests to effect a suspension under E.O. 12391 (reference (g)) through channels to the Secretary of Defense through the Under Secretary of Defense (Personnel and Readiness) (USD(P&R)). The appropriate Under Secretary of Defense or Assistant Secretary of Defense shall endorse requests for suspensions in the Office of the Secretary of Defense. DoD Component Heads shall sign requests from their organizations. Each request shall fully document the collective bargaining issue or dispute involved, identify the bargaining unit, and demonstrate how the labor relations matter would substantially impair implementation of a specific treaty or international agreement. The Secretary of Defense, after consultation with the Secretary of State, or designee, shall make the final decision on the suspension.

6. Processing Cases under the 5 CFR Chapter XIV Regulations of the Federal Labor Relations Authority (FLRA), the FLRA General Counsel and the Federal Service Impasses Panel (FSIP) (reference (i))

a. Representation Cases

(1) DoD activities shall follow the procedures in 5 CFR 2422 (reference (i)) governing representation proceedings.

(2) Proposed units that would encompass employees in two or more DoD Components or employees under different personnel systems generally are not appropriate. Where a union files a representation petition involving the creation of such a bargaining unit, the DoD activity involved shall immediately provide CPMS and the appropriate DoD Component headquarters with a copy of the petition. The DoD activity shall also provide those offices with the subsequent FLRA Regional Director's decision on the petition immediately upon receipt. The DoD activity shall coordinate with CPMS through its appropriate DoD Component headquarters any application for review of a FLRA Regional Director's decision involving such a petition.

(3) DoD activities shall provide copies of FLRA Regional Director Decisions and Orders on new or revised units to CPMS and the appropriate DoD Component headquarters.

(4) DoD activities shall provide CPMS with two copies of information on new, revised, or terminated units. Activities shall also provide a copy to the appropriate DoD Component headquarters. OPM Form 913B shall be used to submit this data (see paragraph F.10., below, regarding this reporting requirement). CPMS will provide a copy to OPM.

b. Unfair Labor Practice Proceedings

(1) DoD activities shall follow in 5 CFR 2423 (reference (i)). Where exceptions to an Administrative Law Judge (ALJ) decision are filed with the FLRA, the DoD activity will provide CPMS and the appropriate DoD Component headquarters with a copy of the decision, the exceptions to the decision, and any subsequently filed documents. Documents shall be forwarded to those offices at the time they are filed with the FLRA or when they are received by the DoD activity.

(2) 5 U.S.C. 7311 (reference (j)) and 18 U.S.C. 1918 (reference (k)) prohibit Federal employees from striking against the Government of the United States. Employees can be disciplined for engaging in such action. 5 U.S.C. 7116(b)(7) (reference (b)) proscribes strikes, work stoppages, slowdowns, and picketing that interferes with an agency's operations by unions representing DoD employees. Informational picketing, which does not disrupt agency operations or prevent public access to a facility, is not prohibited. CPMS and the appropriate DoD Component headquarters shall be immediately notified when prohibited acts take place.

c. Review of Negotiability Issues

(1) DoD activities shall follow the procedures in 5 CFR 2424 (reference (i)). Under these procedures, unions are required to request in writing an allegation that a proposal is outside the duty to bargain, and the agency is required to respond in writing within 10 days from receipt of the union's request. Before making such a response, a DoD activity will consult with CPMS and its appropriate DoD Component headquarters. If a union subsequently files a negotiability appeal with the FLRA, the appeal must be filed within 15 days after the date the allegation is served on the union, meet the other requirements in the FLRA's regulations, and be served on the Director, Civilian Personnel Management Service, 1400 Key Boulevard, Suite B-200, Arlington, VA 22209-5144. The Director shall immediately provide a copy to the affected DoD Component if it has not been served with a copy.

(2) CPMS shall develop an agency statement of position or shall coordinate on the agency statement of position when a DoD Component elects to prepare it. DoD Components shall immediately advise CPMS of their decision regarding preparation of the agency's statement of position.

d. Review of Arbitration Awards (except those involving performance-based or adverse actions)

(1) DoD activities shall follow the procedures in 5 CFR 2425 (reference (i)).

(2) DoD activities shall contact CPMS and their appropriate DoD Component headquarters when they believe an exception to an arbitration award should be filed with the FLRA. Where there appears to be a basis for filing an exception, an activity shall forward the award, the grievance file, the address of the arbitrator, and the name and address of the union representative in the proceeding to CPMS and the appropriate DoD Component headquarters within 5 calendar days of receipt of the award. The activity shall forward the postmarked envelope in which the award was mailed (if delivered by mail) to CPMS. If the award is served by personal delivery, the date of receipt shall be stamped on the document. Where CPMS determines that an exception shall be filed, it shall develop and file the exception or shall coordinate on the exception when a DoD Component elects to develop it. The DoD Components shall immediately advise CPMS of their decision regarding preparation of the agency's exception to the award.

(3) DoD activities shall forward a union-filed request for an exception to an arbitration award, together with the award and their position on the exception, to CPMS and their appropriate DoD Component headquarters within 5 calendar days from receipt of the exception. When CPMS determines that an opposition shall be filed, it shall prepare the opposition or shall coordinate on the opposition when a DoD Component elects to prepare it. DoD Components shall immediately advise CPMS of their decision regarding preparation of the agency's opposition to the exception to the award.

e. National Consultation Rights

(1) The DoD and DoD primary national subdivisions shall follow the procedures in 5 CFR 2476 (reference (i)).

(2) Upon written request by a union, the Department of Defense or a DoD primary national subdivision shall grant national consultation rights to the union when it meets the criteria in the regulations of the FLRA. The Department of Defense or a DoD primary national subdivision shall terminate national consultation rights where a union no longer qualifies for such rights. The organization taking the action shall first serve the union with a notice of intent to terminate national consultation rights, together with a statement of reasons, not less than 30 days before the intended termination date.

(3) DoD primary national subdivisions shall provide CPMS with a copy of any letter granting or denying a union's request for national consultation rights or notifying a union of its intent to terminate national consultation rights.

f. General Statements of Policy or Guidance. DoD activities shall forward any recommendation that DoD seek a general statement of policy or guidance from FLRA as provided for by the FLRA's regulations (5 CFR 2427 (reference (i))) through channels to the DASD(CPP) for appropriate action. DoD activities shall immediately notify the DASD(CPP) of any referrals to FLRA for review and decision or general rulings under 5 CFR 2429.4 (reference (i)).

g. Negotiation Impasses. DoD activities shall follow the procedures in 5 CFR 2470 (reference (i)) and 29 CFR 1404 and 1425 (reference (l)) governing resolving negotiation impasses.

7. Arbitration Awards Relating to Matters Described in 5 U.S.C. 7121(f) (reference (b))

a. Under 5 U.S.C. 7121(f) (reference (b)), exceptions to arbitration awards involving certain adverse actions or unacceptable performance actions may not be filed with the FLRA. However, such awards are subject to judicial review in the same manner and on the same basis as if those matters had been decided by the Merit Systems Protection Board (MSPB).

b. The grounds and procedures for judicial review of a decision of the Board are set forth in 5 U.S.C. 7703 (reference (m)). Under that section, only the Director of OPM may seek judicial review of such matters. Where the Director did not intervene in the matter before the arbitrator, the Director must first petition the arbitrator for reconsideration of the award. To facilitate the Director's involvement, individuals representing DoD activities in an arbitration proceeding should instruct the arbitrator at the hearing to prepare an administrative record. The record should be maintained for at least 45 days from the date of the award.

c. DoD activities shall expeditiously submit requests for judicial review through channels to the Director of OPM for appropriate action. CPMS shall be provided a copy of any requests.

8. **Standards of Conduct.** Department of Labor regulations (29 CFR 457-459 (reference n)) implement 5 U.S.C. 7120 (reference (b)) which relates to the standards of conduct for labor organizations under Chapter 71 of 5 U.S.C. (reference (b)). Parties involved in such proceedings are responsible for following those regulations.

9. **Judicial Review**

a. Many final orders of the FLRA may be appealed to an appropriate United States Court of Appeals pursuant to 5 U.S.C. 7123 (reference (b)). To ensure consistency of interpretation and full consideration of the policy and program implications of such appeals, DoD activities shall forward requests for judicial review of decisions of the Authority, or requests to intervene in judicial proceedings, through channels to the Office of the Deputy General Counsel, Personnel and Health Policy (ODGC)(P&HP), DoD, for review and approval in coordination with CPP.

b. A DoD activity shall promptly notify the ODGC (P&HP) through channels upon learning that a union has initiated court action in a matter arising out of its relationship with the activity.

10. **Reports.** OPM requires that agencies provide two copies of arbitration awards and certain information concerning changes in exclusive bargaining units and collective bargaining agreements to: Office of Personnel Management; Chief, Labor-Management Relations Division, 1900 E Street, N.W., Washington, D.C. 20415-0001. OPM Form 913-B, which is used to report the information on units and agreements, is available from that office. The assigned number for these reporting requirements is Interagency Report Control Number 1060-OPM-BI. DoD activities shall forward two copies of arbitration awards to that address. CPMS will provide the other information required by OPM (see paragraphs F.3.d. and f. and F.6.a.(4), above).

SUBCHAPTER 771

ADMINISTRATIVE GRIEVANCE SYSTEM

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SUBCHAPTER 771

ADMINISTRATIVE GRIEVANCE SYSTEM

- References:** (a) Title 5, Code of Federal Regulations, Part 771, "Agency Administrative Grievance System"
(b) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
(c) Section 2105 of title 5, United States Code
(d) Section 709(e) of title 32, United States Code
(e) Section 1590 of title 10, United States Code

A. PURPOSE

This Subchapter establishes the Department of Defense (DoD) Administrative Grievance System (AGS) under 5 CFR 771 (reference (a)). It states DoD AGS policy under DoD Directive 1400.25 (reference (b)). It also assigns responsibilities and prescribes requirements for the DoD AGS under which DoD activities can internally review employee disputes involving working conditions within the control of DoD management. The DoD AGS applies to all DoD Components except the National Security Agency and the Defense Intelligence Agency.

B. POLICY

1. It is DoD policy under DoD Directive 1400.25 (reference (b)) that DoD employees shall be entitled to present disputes under the DoD AGS and have them considered expeditiously, fairly, and impartially, and resolved as quickly as possible. All persons involved in the dispute resolution process shall be free from restraint, interference, coercion, discrimination, or reprisal.

2. Alternative Dispute Resolution (ADR) techniques should be used to resolve disputes consistent with the requirements of this Subchapter. ADR techniques include a broad range of approaches for dealing with conflict and seeking solutions satisfactory to all parties. These techniques include, but are not limited to, problem solving, mediation, facilitation, conciliation, early-neutral evaluation, fact-finding, settlement conferences, ombudsmen, peer review, and arbitration.

C. RESPONSIBILITIES

1. The Deputy Assistant Secretary of Defense (Civilian Personnel Policy) (DASD(CPP)) shall issue AGS policies and requirements governing DoD civilian personnel. The DASD(CPP) shall monitor the implementation and effectiveness of such policies, develop dispute resolution models, and provide guidance on dispute resolution.

2. The Heads of the DoD Components shall ensure the AGS is implemented in their organizations.

3. Installation commanders, or equivalent management officials with delegated appointing authority, shall implement the AGS and shall develop and implement ADR techniques as appropriate under this Subchapter.

4. Deciding officials shall make decisions concerning grievances consistent with the requirements in this Subchapter. A deciding official must be assigned to an organizational level higher than any employee involved in the grievance or having a direct interest in the matter being grieved unless the deciding official is the head of a DoD Component, installation, or activity.

D. AGS REQUIREMENTS

1. General. DoD employees are entitled under the DoD AGS to present grievances and to communicate with supervisors or managers and officials in their servicing Civilian Personnel Office/Human Resource Office (CPO/HRO). Employees may represent themselves, or be represented by someone of their choice. The choice of representative may be denied if it would result in a conflict of interest, conflicts with mission priorities, or results in unreasonable costs. Employees and their representatives shall have full access to relevant information and shall be given copies of such information unless to do so would be unduly burdensome or contrary to law or regulation. Employees shall be permitted a reasonable amount of official duty time, if otherwise in a duty status at the employing activity, to present grievances and to communicate with management and personnel officials. Employees may also be given a reasonable amount of official time to prepare a grievance.

2. Coverage

a. Employee coverage

(1) The AGS covers current appropriated fund nonbargaining unit DoD employees as defined in 5 U.S.C. 2105 (reference (c)). It also covers former DoD employees with respect to matters arising during their previous employment at the activity, provided that a remedy is available consistent with applicable law and regulation.

(2) The AGS covers bargaining unit employees when a matter covered by the AGS cannot be grieved under a negotiated grievance procedure (NGP), either because an NGP is not in effect at the relevant time, or because it does not cover the matter being grieved.

(3) The AGS does not cover reinstatement and transfer eligibles who have applied for a position under a merit promotion program, non-citizens recruited overseas and appointed to overseas positions, or nonappropriated fund (NAF) employees.

b. Subject matter coverage. Any employment matter may be grieved under the AGS except for the following:

(1) The content of established agency regulations and policy;

- (2) Any matter covered by a negotiated grievance procedure or subject to formal review and adjudication by the Merit Systems Protection Board (MSPB), the Office of Personnel Management (OPM), the Federal Labor Relations Authority (FLRA), or the Equal Employment Opportunity Commission (EEOC); or, any matter that the employee files under another review or reconsideration procedure, or dispute resolution process within the DoD;
- (3) Nonselection for promotion from a group of properly ranked and certified candidates, or failure to receive a noncompetitive promotion;
- (4) Preliminary notice of an action that, if effected, would be covered under the grievance system or excluded from coverage under (2), above;
- (5) The substance of an employee's performance elements, standards, or work objectives;
- (6) Determinations concerning awards, additional step increases, recruitment or relocation bonuses, retention allowances, physicians comparability or additional pay allowances, supervisory differentials, critical position pay, or dual compensation waivers;
- (7) Any action taken under a voluntary, formal agreement entered into by an employee involving geographic relocation or return from an overseas assignment;
- (8) Termination of a probationer, return of an employee serving supervisory or managerial probation to a nonsupervisory or nonmanagerial position, or separation or termination of an employee during a trial period;
- (9) For Senior Executive Service (SES) employees, performance evaluations and awards (including meritorious or distinguished executive rank awards), reassignment following receipt of an unsatisfactory rating, return to another pay system during the 1-year period of probation or for less than fully successful executive performance or for failure to be recertified, conditional recertification, or termination during probation for unacceptable performance;
- (10) Termination or expiration of a time-limited excepted appointment, a term or temporary appointment or promotion, or a Senior Executive Service limited emergency or limited term appointment, on the date specified as a condition of employment at the time the appointment or promotion was made;
- (11) The termination of a temporary or term promotion at a time other than in subsection D.2.b.(10), provided the employee was informed in advance of the temporary nature of the appointment or promotion and the employee was returned to his or her former position from which temporarily promoted or to a different position of equivalent grade and pay;
- (12) SES or Senior Level pay rate changes;
- (13) A separation or termination action except as provided in subsection D.3. below;

(14) Any action taken under 32 U.S.C. 709(e) (reference (d)) involving National Guard Technicians; and,

(15) Any additional exclusions as requested by a DoD Component and approved by the DoD.

3. **Civilian Intelligence Personnel Management System (CIPMS) Employees.** Non-preference eligible CIPMS employees, employed under 10 U.S.C. 1590 (reference (e)), may grieve their removal, suspension, reduction in grade or pay, or furlough for 30 days or less, if they have completed one year of current continuous service in the same or similar position in the DoD under other than a temporary appointment of 2 years or less except for terminations for national security reasons under 10 U.S.C. 1590(e)(1) (reference (e)). An activity's AGS should normally provide for an impartial hearing in removal cases involving such CIPMS employees. These hearings may be done on a reimbursable basis by the Defense Civilian Personnel Management Service.

4. **Time limits.** When calculating time limits under the AGS, the day of an action or receipt of a document is not counted. The last day of the time limit is counted unless it is a Saturday, a Sunday, a legal holiday, or a day on which the employee is not regularly scheduled to work. In those cases, the last day of the time limit shall be moved to the next regularly scheduled work day. All time limits are counted in calendar days.

5. **Grievance file.** The activity shall establish and maintain a separate file for each written grievance filed under the AGS and retain it for 4 years in accordance with applicable laws, regulations, and records retention schedules. The file shall contain all documents or copies of documents related to the grievance.

6. **Process.** Subsections D.6.a. and b., below, contain the basic mandatory processes of the DoD AGS. Installation commanders and management officials with delegated appointing authority may tailor the AGS to meet local needs, but they must comply with the policies and requirements in this Subchapter and retain the rights, responsibilities, and time frames in the AGS. Continued use of ADR techniques throughout the AGS is encouraged.

a. **Problem-solving process**

(1) An employee may informally present a work-related problem to his or her immediate supervisor before filing a formal grievance. If the problem involves a matter or action directly involving that supervisor, and the employee has been unable to resolve the matter with that supervisor, the employee may present the matter to the next level supervisor, if any, within the DoD Component, installation, or activity. The problem must be presented within 15 days following the date of the act or event that the employee believes created the problem, or the date the employee became aware of (or reasonably should have become aware of) the act or event. The employee may present a matter of concern regarding a continuing practice or condition at any time.

(2) A supervisor must consider the employee's problem and attempt to resolve it within 15 days, and no later than 30 days, from the date the problem is first brought to the supervisor's attention, even though it may not be covered by the grievance process. Where appropriate, the use of a neutral (e.g., conciliator, facilitator, or mediator) is encouraged. If the employee presents the problem orally, the supervisor's determination may be oral or written. If the problem is presented in writing, the determination must be in writing. If the problem was not resolved, the supervisor shall inform the employee of the time limits for filing a grievance. If the supervisor believes the matter is not covered by the grievance process, the supervisor shall so inform the employee and advise the employee of the appropriate process, if any, for resolving the problem.

(3) The above time limit for resolving the problem may be extended by mutual agreement to accommodate resolution of the dispute.

b. Grievance Process

(1) An employee may file a formal, written grievance with the designated deciding official (or any official designated to accept grievances on behalf of the deciding official) when a problem is not resolved during the problem-solving process, or where the employee chooses to bypass that process and invoke the grievance process. If the employee used the problem-solving process, the employee must file a grievance no later than 15 days from the conclusion of that process. Where the employee does not use the problem-solving process but raises the matter initially as a grievance, the employee must present the grievance within 15 days following the date of the act or event that the employee believes created the problem, or within 15 days following the date the employee became aware of (or reasonably should have become aware of) the act or event. The employee may present a grievance regarding a continuing practice or condition at any time.

(2) An employee's grievance must be signed, dated, and contain a sufficiently detailed statement of the specific issue(s) and the specific, personal remedy sought; copies of any documents in the employee's possession related to the grievance; and, the name, address, and telephone number of the employee's representative, if any. The remedy must be personal to the employee and may not include a request for disciplinary or other action affecting another employee. An employee may not grieve the same matter raised in any other grievance, appeal, complaint, or other dispute resolution process.

(3) The deciding official shall determine whether to join similar or identical grievances; whether to require, and how to conduct an investigation; whether to allow the grievant's requested representative; and how much official time shall be granted to the employee and the employee's representative. The deciding official may also designate an impartial individual to examine a grievance and, when authorized, to make recommendations concerning its disposition.

(4) The deciding official shall fully and fairly consider the grievance and issue a written decision with supporting rationale for the decision. The deciding official shall issue the

decision as soon as possible but normally no later than 60 days from the filing of the grievance. The deciding official may extend time frames when warranted by special circumstances (e.g., when those involved are geographically dispersed or where a fact-finder is used in the process). However, a grievance decision should be rendered no more than 90 days from the filing of the grievance absent mutual agreement to extend this time limit to accommodate resolution of the dispute. If the deciding official fails to render a decision within 90 days absent such mutual agreement, the grievant may request review by the next higher management level, if any, within the DoD Component.

(5) Wherever possible, the deciding official should rule on the merits of a grievance. However, the deciding official may cancel or temporarily suspend a grievance, or the appropriate portion of a grievance, if:

(a) The grievant requests such action;

(b) The grievant or grievance is excluded from coverage;

(c) The grievant fails to provide sufficient detail to identify clearly the matter being grieved or specify the personal relief requested;

(d) The grievant fails to comply with applicable time limits or procedural requirements or requests actions be taken against another employee; or,

(e) The grievant raises the same matters under another formal dispute resolution process.

(6) A deciding official's decision on the merits of the grievance is final and not subject to further review. However, an employee may request that an individual at the next higher management level within the DoD Component, if any, review a decision to cancel a grievance.

SUBCHAPTER 810
INJURY COMPENSATION
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SUBCHAPTER 810

INJURY COMPENSATION

- References:**
- (a) Title 5, United States Code, Section 8101 et seq. "Federal Employees Compensation Act," September 7, 1916, as amended
 - (b) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (c) DoD Instruction 6055.1, "Department of Defense Occupational Safety and Health Program," October 26, 1984
 - (d) Title 20, Code of Federal Regulations, Chapter 1, Subchapter A, Part 1, and Subchapter B, Parts 10 and 25
 - (e) Title 5, United States Code
 - (f) Title 18, United States Code
 - (g) Public Law 103-112, "Department's of Labor Health and Human Services and Related Agencies Appropriations Act," 1994
 - (h) Public Law 103-333, "Department's of Labor Health and Human Services and Education and Related Agencies Appropriations Act for FY 95"
 - (i) Title 29, Code of Federal Regulations, Part 1614, "Federal Sector Equal Employment Opportunity"
 - (j) Title 29, Code of Federal Regulations, Section 1910.95, "Occupational Noise Exposure"
 - (k) Title 5, Code of Federal Regulations, Part 551, "Pay Administration Under the Fair Labor Standards Act"
 - (l) Public Law 97-365, "Debt Collection Act of 1982," October 25, 1982
 - (m) OPM Operating Manual, Section 102 of the Civil Service Retirement System and Federal Employees Retirement System Handbook for Personnel and Payroll Offices
 - (n) "FECA Procedure Manual," June 1993

A. PURPOSE

This Subchapter implements DoD policy, prescribes procedures, and delegates authority on implementing the DoD injury compensation program under 5 U.S.C. 8101, the "Federal Employees' Compensation Act (herein after referred to as FECA (reference (a))), which provides benefits to civilian employees of the Federal Government for disability due to personal injury, disease, or death arising from or within the scope of their employment.

B. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (b)):

1. To ensure that DoD employees are entitled to a safe and healthful work environment that complies with the DoD safety and health policies identified in DoDI 6055.1 (reference (c)); and,
2. To receive prompt medical attention and full assistance in claiming just compensation for injuries or occupational illnesses incurred in the performance of their duties. Supervisors and managers shall:
 - a. Create a culture of safety consciousness;
 - b. Make every effort through light and limited duty programs and reemployment programs to restore partially and fully recovered employees to duty;
 - c. Ensure that all involved in the program, including private sector medical personnel, are aware of these programs; and,
 - d. Investigate and take appropriate action on fraud and abuse in the program.

C. AUTHORITY AND RESPONSIBILITY

1. Authorities Cited

- a. **Statutory Authorities.** The DoD Injury Compensation Program is based on FECA and the rules and regulations of the U.S. Department of Labor Office of Workers' Compensation Programs under 20 CFR (reference (d)). Claim forms referred to herein are covered by the Privacy Act of 1974. Records are authorized by FECA.
- b. **The Federal Employees' Compensation Act (FECA), as Amended.** FECA provides monetary compensation, medical care and assistance (attendant allowances), vocational rehabilitation, and reemployment rights to federal employees who sustain disabling injuries as a result of their federal employment. FECA also provides for a fixed payment for the deceased employee's funeral expenses and for compensation benefits to qualified survivors of the decedent in cases of employment-related death. In 1974, FECA was amended, increasing benefits and significantly changing the law by adding provisions such as continuation of pay (COP) and claimant's choice of physician.
- c. **Federal Employee's Compensation Program Financing.** FECA program is financed by the Employees' Compensation Fund, which consists of funds appropriated by Congress directly, or indirectly, through a chargeback to the various agencies. Each year, the Secretary of Labor furnishes a statement to each DoD Component of payments made from the Fund. These

costs are charged back to each DoD Component. The DoD Components include FECA costs in their budget requests and use the resulting sums to reimburse the Fund for these charges.

d. **Department of Labor (DOL) Involvement.** In 1908, President Theodore Roosevelt signed legislation to provide workers' compensation for certain federal employees in unusually hazardous jobs. The scope of the law was very restricted and its benefits were quite limited. However, it was the first workers' compensation law to pass the constitutionality test of the United States Supreme Court. FECA, enacted in 1916, superseded the 1908 statute. An independent quasi-judicial Employees' Compensation Commission was created to administer the law. In 1950, DOL assumed administrative responsibility for FECA. FECA is now administered by the Office of Workers' Compensation Programs (OWCP), Employment Standards Administration, U.S. Department of Labor.

e. **DoD Involvement.** As costs of workers' compensation benefits continue to grow, the need for a consolidated approach by all DoD Agencies to reduce costs and to improve program management has become necessary. Each Civilian Personnel Office /Human Resources Office (CPO/HRO) will designate a staff member as Injury Compensation Program Administrator (ICPA) to oversee the program, to coordinate the efforts of all involved management officials, and to ensure optimum effectiveness in program administration.

f. **Basic FECA Requirements.** To qualify for benefits, the employee or employee's survivors must establish that the injury or employee's death met the following requirements:

(1) **Time.** For injuries and deaths which occurred before September 7, 1974, different provisions apply with respect to timeliness. ICPA's are to contact the DoD liaison to obtain assistance before making a pre-September 7, 1974, timeliness determination. For injuries or deaths on or after September 7, 1974, the law provides that a claim for compensation must be filed within 3 years of the injury or death. Even if the claim is not filed within 3 years, compensation may still be allowed if written notice of injury was given in 30 days or the immediate supervisor had actual knowledge of the injury or death within 30 days of occurrence.

(2) **Civil Employee.** If the claim is timely filed, it must be determined whether the injured employee or deceased employee was an "employee" within the meaning of the law. It covers all civilian Federal employees, whether permanent or temporary, except for nonappropriated fund employees. Federal employees who are not citizens or residents of the United States or Canada are covered subject to certain special provisions governing their pay rates and computation of compensation payments. Determinations for other employees must be made on a case by case basis once a claim is filed.

(3) **Fact of Injury.** It must be established whether the employee in fact sustained an injury or disease. Two factors are involved in this third determination. Did the employee actually experience the accident, event, or employment factor which is alleged to have occurred? Did the accident or employment factor result in an injury or disease?

(4) **Performance of Duty**. If the first three criteria have been accepted, it must be determined whether the employee was engaged in the performance of duty when the injury occurred. The question of where and when the accident, event, or employment factor(s) leading to filing of a claim occurred, must be studied.

(5) **Causal Relationship**. After the four factors aforementioned are considered, causal relationship between the condition claimed and the injury or disease sustained is examined. This factor is based entirely on medical evidence provided by physicians who have examined and treated the employee. Sometimes the circumstances of a case raise the issues of willful misconduct, intention to bring about the injury or death of oneself or another, or intoxication. If any of these factors is established as the cause of the injury or death, benefits must be denied.

g. **FECA Benefits**. Employees may be eligible for six basic types of benefits under FECA: Medical benefits (including transportation expenses incurred); Continuation of pay; Disability compensation; Schedule awards; Vocational rehabilitation; and, Death benefits that include allowable funeral benefits and survivor compensation. The program applies to any disability (temporary or permanent, partial or total) incurred as a result of a job-related disease or condition, as well as an on-the-job traumatic injury.

(1) **Medical Benefits**. Payment may be made for any medical services needed for treatment or to counteract or minimize the effects of any condition, disease, or injury determined to be causally related to employment with the Federal Government. There is no limit on the extent of medical treatment payable nor is there a time limit for which they are payable if the need for medical treatment can be substantiated and connected to the employment-related injury or disease. However, fee schedules do apply to many charges and balances from fee reductions cannot be collected from the employee. Payment will be made for first aid, medical treatment, hospitalization, physician's fees, drugs, appliances, or other supplies directed for use by a qualified physician. Bills must be submitted within 1 year of the date of service, or 1 year beyond the calendar year in which the claim was accepted, whichever is later, or they will not be paid. The employee may elect to be treated by a government physician (if available) or by a duly qualified physician of his or her choice who is not excluded. Payment will not be made for preventive treatment.

There shall be no charge for occupational health or OWCP care for DoD employees treated at Federal government medical facilities. However, DoD Components shall continue to bill, at the interagency rate, for OWCP care provided to non-DoD employees by a DoD medical treatment facility. The interagency rate charge shall be processed through the OWCP Revolving Fund.

(2) **Continuation of Pay (COP)**. An employee who sustains a disabling, job-related traumatic injury is entitled, under certain circumstances, to COP for a period not to exceed 45 calendar days pending OWCP's determination of the employee's claim for compensation under FECA. To qualify for COP, the traumatically injured employee must file written notice of injury on a Form CA-1, "Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation," within 30 calendar days after the date of injury. COP is not compensation

for FECA purposes and is subject to all applicable taxes and payroll deductions and must provide written medical evidence to support the disability within 10 days of submitting the CA-1. COP is not applicable for occupational illnesses and diseases claims. The employee must make a separate claim for monetary compensation on a Form CA-7, "Claim for Compensation on Account of Traumatic Injury or Occupational Disease," with Form CA-20, "Attending Physician's Report," if the disability exceeds 45 calendar days or results in any permanent disability.

(3) **Disability Compensation.** Employees may be eligible for one or more of several types of wage loss compensation. Disability benefits are classified based on the nature and extent of disability incurred and are categorized as temporary total, temporary partial, permanent total, or permanent partial.

(a) **Compensation Rates.** Generally, in cases of total disability, an employee is entitled to compensation equivalent to two-thirds of the weekly salary if there are no dependents, or three-fourths of the salary if there are one or more dependents (see glossary for definition of dependents). Compensation is tax free. In establishing a person's wage rate, the law recognizes certain additional amounts that may be included in salary, such as premium pay, night and Sunday differential, holiday pay, hazard pay, dirty work pay, quarters allowances and post differential for overseas employees. Overtime pay is not included except for administratively uncontrollable work covered under 5 U.S.C. 5545(c)(2) (reference (e)). Under 5 U.S.C. 5112 (reference (e)) the maximum compensation rate may not exceed more than 75 percent of the monthly pay of the maximum rate of basic pay for GS-15 (excluding locality pay).

(b) **Duration of Compensation.** Compensation payments for total disability may continue as long as the disability continues and suitable modified work is not available; in some instances, for the lifetime of the employee. As with medical care, there is no total dollar maximum or time limitation.

(c) **Loss of Wage-Earning Capability (LWEC).** When an injured person suffers a wage loss because of disability that is less than total, compensation may be paid for this partial loss of wages or wage-earning capacity. Provisions of 5 U.S.C. 8115 (reference (a)) govern the determination of wage-earning capacity. When a claimant has completed 60 days of employment in a suitably modified position, the agency should request a "wage earning capacity" rating. If the position carries a pay rate less than that of the date of injury, compensation will be payable for a loss of wage earning capacity. Such a formal rating can be changed only under very limited circumstances.

(4) **Schedule Awards.** 5 U.S.C. 8107 (reference (a)) also provides for payment of compensation for permanent loss or loss of use (either partial or total) of certain internal and external organs; members or functions of the body such as arms, legs, hands, feet, fingers, toes, eyes; or loss of hearing or loss of vision. Each extremity or function has been rated for a specific number of weeks of compensation that can be paid in addition to full salary. If a serious disfigurement of the head, face, or neck results from a job-related injury, an award may also be made for such disfigurement, not to exceed \$3,500. Multiple schedule awards may be paid concurrently for different body parts or paid concurrently with the Office of Personnel

Management (OPM) retirement benefits. Employees can receive schedule award payments concurrently while receiving severance pay for involuntary separation from their employment. Schedule awards can be paid even if the employee returns to work. However, employees cannot receive wage loss compensation and schedule award benefits concurrently for the same injury.

(5) **Vocational Rehabilitation**. If the injured employee suffers a vocational handicap due to the injury and cannot resume usual employment, OWCP-directed vocational rehabilitation may be arranged to assist in training for work that the employee can do. The cost for rehabilitation is paid from the Employees' Compensation Fund and charged back to the DoD Component. Rehabilitation service is supervised by OWCP, but is usually provided in cooperation with state and private rehabilitation agencies. In addition to the cost of rehabilitation, an employee may qualify for a monthly allowance of up to \$200 necessary for his or her personal maintenance. Employees are also entitled to collect total disability payments during their rehabilitation period. When the rehabilitation program is completed, the claimant is expected to actively seek employment. Vocational rehabilitation is not confined to formal retraining. It includes the employment efforts of vocational rehabilitation counselors and compensation specialists. An offer of a position (employment or reemployment) for which an injured employee is medically qualified is usually the more expedient and less costly method of rehabilitation.

(6) **Death Benefits**. If the employee's death was due to the job-related injury, dependents are entitled to the following benefits:

(a) **Widow or Widower and No Eligible Child**. The widow or widower is eligible for 50 percent of the deceased employee's regular pay.

(b) **Widow or Widower with Eligible Children**. The widow or widower is eligible for 45 percent of the deceased employee's regular pay, plus an additional 15 percent for each child -- to a maximum not to exceed 75 percent of the deceased employee's regular pay.

(c) **Eligible Children and No Widow or Widower**. An orphaned child is eligible for 40 percent of the deceased employee's regular pay, plus 15 percent for each additional orphan - not to exceed 75 percent of the deceased employee's regular pay. Benefits are divided among the children, share and share alike.

(d) **Surviving Legal Dependents**. If a deceased employee leaves no widow, widower, or child, benefits are paid to the surviving legal dependents of this employee as specified in FECA (5 U.S.C. 8133, 8134 (reference (a))).

(e) **Remarriage or Death**. Widows and widowers receive benefits until death, or remarriage, if they are under age 55. If a widow or widower under age 55 remarries, a lump-sum payment equal to 24 times the monthly compensation he or she is receiving at the time of remarriage is made. If the widow or widower is age 55 or older, compensation continues as long as he or she lives, regardless of remarriage.

(f) **Orphaned Children.** Orphaned children receive benefits until they die, marry, or reach the age of 18. If a surviving child pursues higher education on a full-time basis (generally 12 semester hours) payments will continue until he or she has completed four years of study beyond the high school level or until he or she is 23 years of age. Payment will not extend beyond the semester or enrollment period in which the surviving child reaches 23 or completes his or her fourth year of higher education, whichever occurs first.

(g) **Funeral Expenses.** Up to \$800 is paid for a deceased employee's funeral expenses. If the employee dies away from home, the cost of transporting the body to the place of burial will be paid in full. Also, an additional sum of \$200 is paid to the personal representative of the decedent for reimbursement of the expense of terminating the deceased employee's Federal employment status.

h. **Third-Party Liability.** When the circumstances of the employment-related injury or illness create a legal liability upon a third party other than an employee or activity of the Federal Government, the government has a subrogation interest (that is, the right to recover any payment it makes should the claimant collect money from another source). The injured employee or survivor is required by 5 U.S.C. 8131 of FECA to pursue such recovery or assign the right to recover to OWCP. Failure to do so can result in a loss of all benefits.

i. **Hearings and Appeals.** If an employee (or an employee's survivors) disagree with a final determination of the OWCP, either may request a reconsideration or review. The employee or survivor has the right to a hearing before the OWCP. Further, he or she has the right to appeal any decision to the Employees' Compensation Appeals Board (ECAB), a separate entity in the DOL. The time limits for filing such requests for hearings or appeals vary, and are strictly enforced.

j. **Exclusiveness of Remedy.** Except for third party rights, FECA is the sole legal avenue by which a Federal employee (or survivors) may recover damages due to an injury or death that is causally related to Federal employment. FECA is the exclusive remedy; therefore, employees may not sue the U.S. Government for damages on their own.

k. **Penalties for Employees and Supervisors**

(1) An employee who knowingly makes or knowingly certifies to any false statement, misrepresentation, concealment of fact, or any other act of fraud with respect to a claim under FECA, or who knowingly accepts compensation to which that person is not entitled, is subject to criminal prosecution and may, under appropriate U.S. Criminal Code (18 U.S.C. 287 and 1001 (reference (f))), be punished by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both.

(2) Any employee, beneficiary, official superior, representative, or other person who, with respect to a claim under FECA, enters into any agreement, combination, or conspiracy to defraud the United States by obtaining or aiding to obtain the payment or allowance of any false, fictitious or fraudulent claim is subject to criminal prosecution and may, under appropriate U.S.

Criminal Code provisions (18 U.S.C. 286 (reference (f))), be punished by a fine of not more than \$10,000 or imprisonment for not more than ten years, or both.

(3) Any claimant convicted of fraud related to FECA claims on or after October 1993 will lose entitlement to FECA benefits under Pub. L. 103-112 (reference (g)).

(4) Any claimant convicted of a felony and imprisoned as a result to claims under FECA will have benefits suspended effective date of imprisonment (Pub.L. 103-333 (reference (h))).

(5) An officer or employee of the Federal Government responsible for making reports (such as an "official superior") who willfully fails, neglects, or refuses to make a report of injury or files a false report may be fined not more than \$500, be imprisoned not more than 1 year, or receive both penalties.

(6) A partially disabled employee who refuses to seek suitable work or refuses to accept work after it is offered is not entitled to any compensation except for medical benefits.

(7) If an employee refuses to submit to or obstructs an examination by a Federal medical officer or by a qualified private physician as required by OWCP, the employee's right to compensation under FECA will be suspended until the refusal or obstruction ceases. The period of refusal or obstruction will be deducted from the period for which compensation is payable to the employee.

(8) An individual who, without good cause, fails to undergo vocational rehabilitation, when directed by DOL, may have his or her compensation reduced.

(9) An employee who fails to make an affidavit about his or her employment (including unremunerated work performed in furtherance of a business) when required, or knowingly omits or understates any part of his or her earnings, forfeits his or her right to compensation with respect to any period for which the affidavit or report was required. Compensation forfeited, under 5 U.S.C. 8105 and 8106 (reference (a)), if already paid, will be recovered by a deduction from additional compensation payable, if any, or otherwise recovered under 5 U.S.C. 8129 (reference (a)) unless recovery is waived.

(10) An employee who refuses to assign or prosecute an action in his or her own name against a third party when required is not entitled to compensation.

2. DoD Responsibilities

a. The Department of Defense sets policy for injury compensation. The program is administered by the Civilian Personnel Management Service (CPMS) which provides operational guidance, advice, and assistance concerning injury compensation matters.

b. Injury compensation liaisons are in or near the 12 OWCP district offices. They:

- (1) Establish and nurture a good working relationship with DOL;
- (2) Provide assistance and guidance to serviced activities, as needed;
- (3) Serve as central point of contact between serviced activities and the OWCP district offices, and other concerned offices;
- (4) Review OWCP case files for accuracy, legitimacy, medical evidence, reemployment potential and questionable case status;
- (5) Conduct staff assistance visits to activities within assigned districts;
- (6) Assist in the training of ICPAs;
- (7) Provide assistance in activity reemployment efforts by reviewing job offers and advocating approval by DOL;
- (8) Attempt to resolve disagreements between DOL and serviced activities informally;
- (9) Participate in installation FECA meetings;
- (10) Receive and execute all chargeback corrections from DoD Installations; and,
- (11) Coordinate and arrange for all district office file review visits by ICPA's.

c. Organizations One Level Above Installation Level (i.e., MACOMS (Army), Major Claimants (Navy), MAJCOMs (Air Force)) and Comparable Organizations.

Organizations that have a directorate of civilian personnel or human resources assigned must ensure that the injury compensation program is effectively administered in CPOs/HROs. A staff member is designated as the ICPA. Headquarters level ICPAs monitor numbers and types of injuries and associated costs (including COP). The ICPA coordinates with higher headquarters' level safety and medical offices for technical advice and assistance in improving work environments and developing cost containment initiatives.

d. The Activity Commander. This person:

- (1) Ensures that the CPO/HRO as well as the appropriate regional service center has a staff member designated as the ICPA;
- (2) Ensures that management responsibilities under the commander's authority are timely fulfilled with delays held to a minimum;

(3) Ensures that employees are advised of their rights and responsibilities under the Injury Compensation Program and that compensation claim forms are made available to employees;

(4) Ensures that maximum effort is made to keep injured employees on the job and that light duty positions are made available;

(5) Ensures that maximum effort is made to restructure positions for employees who have been permanently or partially disabled because of a job-related injury or illness. The "reasonable accommodation" (see glossary for definition) provisions of 29 CFR 1614 (reference (i)) apply to the Injury Compensation Program; and,

(6) Ensures that the FECA Working Group meets periodically (usually quarterly) to analyze FECA costs, trends, plans, etc., and develop cost containment initiatives. FECA Working Groups shall consist of management, safety, personnel, medical and investigative services staffs. FECA Working Groups will be mandatory for any installation whose claims exceed \$1M.

e. Activity Medical Service

(1) **Medical Officers**. Medical officers review all reported cases of occupational illness and take or recommend action. Upon the ICPA's request, they provide medical information to be sent to OWCP to support or to controvert a claim for an occupational illness or work-related injury. They also:

(a) As necessary, communicate with the employee's personal physician to clarify medical evidence when ICPA's attempts fail;

(b) Conduct a medical review of controversial and complex cases;

(c) With the treating physician's recommendations, participate with the CPO/HRO in returning employees to duty as soon as medically feasible;

(d) Assist the ICPA in informing the local medical community of FECA program and problems being experienced;

(e) Review, evaluate, and recommend light-duty or limited-duty assignments and make recommendations on employee placements involving work limitations;

(f) Advise the attending physician that the medical facility may give supportive treatment such as physical therapy, under his or her direction (arrangements should be made with the concurrence of the employee and attending physician); and,

(g) Provide a representative to actively participate in the activity FECA Working Group.

(2) Occupational Health Officials (Industrial Hygiene, Public Health, Epidemiology, etc.) shall:

(a) Receive a copy of each Form CA-2, "Notice of Occupational Disease and Claim for Compensation" filed;

(b) Provide workplace exposure monitoring and epidemiology data appropriate for investigation;

(c) Advise workplace managers and supervisors of the result of the exposure monitoring, and recommended workplace practices to control worker exposure (i.e. process changes, material substitution, engineering controls, personal protective equipment, administrative controls, and worker training); and,

(d) Provide a representative to actively participate in the activity FECA Working Group.

f. **Activity Safety Office.** Safety officials investigate all reported job-related injuries and prepare required reports.

(1) When requested by the ICPA, provide information to be sent to OWCP to support or to controvert a claim for compensation;

(2) Provide a representative to actively participate in the activity FECA Working Group;

(3) Provide safety training, as required; and,

(4) In conjunction with the CPO/HRO, identifies positions/duties for light duty assignment.

g. **Activity Investigative Service.** Investigative personnel assigned to the activity shall:

(1) When requested by the ICPA through appropriate channels, conduct an investigation of the specified claim to determine and document evidence of fraud;

(2) Provide a written report of findings of the investigation through appropriate channels to the ICPA; and,

(3) Provide a representative to actively participate in the activity FECA Working Group.

h. **First-Line Supervisors.** First-line supervisors shall:

(1) Enforce safety and health regulations.

(2) Ensure that the location and telephone number of emergency medical facilities are made known at the work site;

(3) Ensure that employees know when and how to report occupational injuries and illnesses, and send injured employees for medical treatment when a traumatic injury is reported. If an employee refuses treatment, document the facts of the situation as reported and investigate as necessary;

(4) Ensure COP is reported accurately and completely for time and attendance purposes;

(5) In conjunction with the CPO/HRO's staffing employment division, identify positions or duties in order to make light duty offers;

(6) Ensure doctors are informed of possible duty accommodations;

(7) Report all injuries and illnesses promptly to the ICPA;

(8) Promptly complete injury compensation forms and send them to the ICPA;

(9) Report injuries and illnesses as required by governing safety regulations;

(10) Make decisions regarding whether to controvert COP based on information available;

(11) Maintain continued personal contact with the injured employee as the disability warrants; and,

(12) Enforce safety regulations and the wearing of required protective equipment and clothing and take appropriate disciplinary action against employees for failure to comply.

i. **Civilian Employees:** Civilian employees shall:

(1) Promptly and accurately report all job-related injuries or illnesses to their supervisors, unless prevented from doing so by the severity of the injury. If an employee is unable to report an injury or illness, anyone, such as a friend, relative, co-worker, or supervisor may report for the employee. Employees on TDY should report job-related injuries or illnesses to their servicing CPO/HRO by the best available means. If that is impossible, they may report them to the nearest DoD CPO/HRO;

(2) Observe all safety instructions, procedures, and regulations to include the proper use of personal protective equipment and clothing;

- (3) Report for medical examination or treatment as described by established procedures or as directed by their supervisors;
- (4) Advise the treating physician of light duty programs;
- (5) Advise supervisor when they are medically released for light duty;
- (6) Provide medical documentation as soon as possible, but no later than 10 working days, or COP may be discontinued;
- (7) Return to regular or light duty as soon as medically feasible; and,
- (8) Participate in vocational and job related training designed to provide suitable alternate employment when job-connected injury or illness precludes return to previous type of work, and
- (9) Participate in vocational and job-related training designed to provide suitable alternate employment when job-connected injury or illness precludes return to previous type of work.

j. **Injury Compensation Program Administrator (ICPA)**. The administrator serves as the focal point in all aspects of the program, coordinating efforts of safety officials, occupational health officials, medical officials, supervisors and other management officials, and local labor representatives, as appropriate. To ensure optimum effectiveness in the administration of the program, it is imperative that the administrator maintain a professional and cooperative relationship in his or her contacts with the OWCP district offices, DoD liaisons, activity personnel and the injured worker. The administrator shall:

- (1) Ensure that the program is publicized and supervisors and employees are kept aware of information concerning injury compensation and filing claims;
- (2) Ensure that Form CA-10 (poster), "What a Federal Employee Should Do When Injured at Work" (figure 810-1) is posted at the work site;
- (3) When notified about a job-related injury or illness or an actual or potential claim, give prompt help to the supervisor and the employee. The ICPA shall ensure that pertinent forms are properly and timely completed. (The ICPA is not responsible for the accuracy of information provided and entered on forms by the employee, supervisor, or witnesses, but must obtain clarification of conflicting or confusing statements.) NOTE: The ICPA has the final responsibility for the technical adequacy of all documents sent to OWCP;
- (4) Upon receipt of a Form CA-1 or Form CA-2, check the form for completeness. If there is any doubt about the information shown on the form, the ICPA will resolve the matter before further processing. The current Forms CA-1 and CA-2 contain an Authorization for Release of Information. If current forms are not available and if necessary, the ICPA can require

the employee to sign and date an Authorization for Release of Information. A sample is at figure 810-2. Because there is a short-time limit (10 days or less) on processing injury compensation forms, any necessary action should be taken on a priority basis.

(a) When appropriate, the ICPA will request that safety or medical services furnish, in writing, a report on the claim and include this information with the claim when sending it to OWCP. If this would cause an undue delay, this information can be sent to OWCP at a later date. Both safety and medical services officials may, of their own volition, initiate letters or other documents to accompany claims. After determining that all forms are correct and reflect the correct chargeback account code, the ICPA sends them to OWCP.

(b) If the injury results in no medical expense and no lost time, the Form CA-1 or Form CA-2 is permanently filed in the Employee Medical File (EMF) and no copy is sent to the OWCP. The ICPA should send a copy of all Forms CA-1 (whether or not lost time is involved), CA-2, and CA-16, "Authorization for Examination and/or Treatment," to the activity safety office and medical services.

(c) In prolonged COP cases, the ICPA will ensure that a Form CA-7 is completed and sent to the OWCP, no later than five calendar days before the COP period expires (if the claimant wishes to file for compensation).

(d) When the injured employee is absent from duty, the supervisor, ICPA, and medical officials estimate the earliest date that the employee should be reasonably able to return to full-time or part-time light or regular duty. On that date, if the employee has not returned, and the employee has not provided medical evidence to support continued absence, the supervisor contacts the employee to learn the reason. The ICPA shall contact the attending physician to inquire about restrictions and estimated return to light duty and/or the servicing OWCP office for an expected date of return to duty. If the employee is still not able to return to duty, a new estimated return date is established, and the foregoing action repeated until the employee is returned to duty. It is important for physicians to understand that supervisors can and will accommodate restrictions imposed by medical officials;

(5) Assist supervisors and employees in all aspects of the Injury Compensation Program, including but not limited to, forms completion and case follow-up with the OWCP;

(6) Maintain adequate records to administer the program and reconstruct claim files, if necessary. A copy of all documents sent to OWCP should be retained in the activity claims file;

(7) Monitor COP days to ensure they do not extend beyond the 45-calendar day period;

(8) Periodically, compare COP payments in the civilian pay activity with the claim status shown in the ICPA's records to assure accuracy;

(9) Establish procedures to ensure that all claims (CA Forms) and related documents are processed to or through the office of the ICPA;

(10) If light duty is a possibility, ensure that job requirements and environmental conditions are made known to physicians when injured or ill employees or former employees are scheduled for examinations;

(11) Notify OWCP and furnish documentation of any pre-existing medical condition that might be useful in adjudicating a claim;

(12) Refer suspected fraud cases through channels to the proper Military Investigative Authority, DOL Inspector General (IG), or other investigative services. Contact the district DoD liaison for any needed assistance;

(13) Notify the selective placement coordinator of employees requiring placement assistance;

(14) Coordinate with the activity legal office on claims that appear to involve third-party liability;

(15) Ensure that an ample supply of required forms is maintained and available to employees and supervisors, as needed;

(16) If an employee dies as the result of a job-related injury, immediately notify OWCP, by telephone, fax, or telegraph, and send a completed Form CA-6, "Official Supervisor's Report of Employee's Death," to OWCP within 30 calendar days from the date death occurred;

(17) Attend pre-scheduled meetings of the Occupational Safety and Health Council or other similar activity. The ICPA must be prepared to discuss the Injury Compensation Program;

(18) Annually, initiate requests for review of selected long-term claim files and request current medical reports from the district DoD liaison to:

(a) ensure that claimants remain eligible for compensation; and,

(b) identify claimants who can return to work.

Those claimants who have been formally determined by OWCP as having no wage-earning capacity or reemployment potential for the indefinite future are identified by OWCP as a PN status case. PN claimants are required by OWCP to furnish medical documentation of continued disability once every three years; therefore, copies of medical reports for these claimants should be requested on a three-year basis instead of an annual basis. Claimants receiving payments for loss of wage-earning capacity are required to furnish medical documentation every two years. Note: OWCP makes PN status determinations. It is inappropriate and costly for agencies to request OWCP to change the pay status of a case to PN without a sound and clearly defined basis.

All such requests must be sent with accompanying justification to the appropriate district DoD liaison who will assist with agency requests;

(19) Maintain a file of names of physicians who have been excluded from payment under FECA. (The OWCP makes this determination and provides the list.) The ICPA shall ensure that activity officials who issue Form CA-16 are kept informed of the names and changes on that list;

(20) Work with rehabilitation counselors and the activity staffing function on reemployment referrals and work with field nurses on return to duty under the Nurse Intervention Program;

(21) Verify information on Form CA-801, "Acknowledgment of Receipt of Claim," and immediately request OWCP to correct erroneous information. All erroneous chargeback code corrections are requested through the district DoD liaison.

(22) Carefully review information in "FECA's Monthly Statements," "Table 2" and the "Defense Injury/Unemployment Compensation System (DIUCS)" (see D.5.a. and b., below, for further information) and request that DoD Liaisons have OWCP correct erroneous data;

(23) Certify the accuracy of all charges and chargeback codes on the DOL Quarterly Chargeback Billing Lists and report any errors to the appropriate servicing DoD liaison. (Detailed instructions for correcting erroneous data is further explained in Section L., below, "The Injury Compensation Chargeback System.");

(24) Serve as a chairperson or as an active participant in the activity FECA Working Group; and,

(25) Contact the District DoD liaisons for assistance with unique and unusual problematic issues.

k. **Providing Counsel and Assistance.** One of the primary functions of the ICPA is to provide counsel and assistance to injured employees as well as to supervisors. When an employee sustains a job-related injury or illness, explain to the employee the basic benefits provided under FECA and the following:

(1) Entitlement to compensation for injuries or illnesses sustained in the performance of duty: 66-2/3 percent of basic salary for employees without dependents; 75 percent for employees with dependents;

(2) The importance of providing written notice of injury and timely submission of forms and related documentation;

(3) Entitlement to COP for a traumatic injury up to a maximum of 45 calendar days. If the injury extends or is expected to extend beyond the 45-day COP period, the employee should

be informed of the proper procedure to claim wage loss (Form CA-7). Explain the 3-day waiting period. (see glossary for definition);

(4) The difference between use of sick and annual leave versus COP for Form CA-1, item 15; who approves COP and how COP days are counted. If COP is disallowed by OWCP, explain that money paid is considered a debt and subject to recovery;

(5) The difference between benefits under workers' compensation and federal disability retirement, if eligible (see figure 810-3);

(6) For employees separating from employment, the consequence of withdrawing retirement contributions. Provide the employee a copy of the notice to individuals with funds in the civil service retirement system (figure 810-4);

(7) The Department of Labor OWCP adjudicates all claims. The employing activity only acts as an intermediary in gathering information pertinent to the claim and submitting it to OWCP. Decisions made by OWCP can be appealed by the employee;

(8) Leave buyback procedures when an employee does not wish to immediately file for compensation, the claim has been approved by OWCP, and the COP period has expired or there is no entitlement to COP. If applicable, explain the 3-day waiting period;

(9) The penalties provisions as detailed in Section L, "The Injury Compensation Chargeback System";

(10) An employee has the right to select his or her own physician, as long as the physician is located within 25 miles of the employee's place of employment or residence and is not on the list of excluded medical providers. However, if the employee wants to change the physician, after the initial selection has been made, written justification must be provided and prior approval obtained from OWCP;

(11) The importance (requirement) that OWCP authorization is needed before extensive tests, hospitalization, or surgery;

(12) Procedures for filing for medical and travel expenses; and,

(13) Death benefits to survivors in fatality cases.

D. CLAIMS AND RECORD MANAGEMENT

1. Handling and Controlling Claims

a. **General Information.** For proper completion and control of claims, it is essential to closely monitor claims and establish an administrative system that accurately reflects the status of

all claims at all times. This Section provides procedures for handling a claim once an injury or illness is reported.

(1) The supervisor notifies the ICPA/CPO/HRO immediately or as soon as possible after an injury has been reported.

(2) The supervisor forwards all claim forms to the ICPA upon completion. The ICPA is responsible for processing all injury or occupational illness or disease forms.

(3) Injury compensation personnel properly monitor claims to ensure that employees' rights are protected, that appropriate management options are timely exercised, and that workers' compensation costs are effectively controlled.

b. **Advising Employees of Program Benefits.** The DOL provides publications for agencies to use in telling their employees about the compensation program and how they may obtain benefits.

(1) **CA-11, "When Injured at Work."** This is a pamphlet issued by the DOL that provides facts about compensation for civilian employees of the Federal Government. The CPO/HRO issues a CA-11 to each employee at the time of appointment (see figure 810-5).

(2) **CA-13, "Instructions to Employees When Injured."** This is a reference card that provides instructions on how to obtain benefits for an employment-related injury or death. The CPO/HRO issues a Form CA-13 to each employee at the time of appointment (see figure 810-6).

c. **Occurrence of Injury.** When notified that an injury, occupational illness or disease, or a recurrence of a documented injury has occurred, the employee's immediate supervisor should take time to discuss with the employee the nature of the injury, how, when, and where the injury or recurrence occurred and obtain the names and statements of any witnesses. Also, refer to Section M., below, for information about injuries incurred under special circumstances.

d. **Authorizing Medical Examination and Treatment for Traumatic Injuries**

(1) If an employee requests medical care, the supervisor should:

(a) Advise the employee that he or she has the initial choice of physician;

(b) Prepare and issue Form CA-17, "Duty Status Report;" and,

(c) Except in emergency cases, refer the employee to the activity medical services, if available, for examination and recording of the injury in the employee's medical record.

(2) The supervisor, or activity medical services, or activity hospital/clinic or ICPA (as required locally):

- (a) Makes an appointment with the physician of the employee's choice;
- (b) Informs the employee that he or she should make another choice if the physician is not available or is excluded from payment under FECA.
- (c) Issues Form CA-16, "Authorization for Examination and/or Treatment," to a physician willing to provide treatment. Informs the employee that a change of physician is not authorized without prior OWCP approval or referral by his or her attending physician. The injured employee should receive the Form CA-16 within four hours of request.

If an employee has reported an injury several days after the fact, or did not request medical treatment within 24 hours, the supervisor may still authorize medical care using form CA-16. The supervisor may, however, refuse to issue a CA-16 if more than a week has passed since the injury on the basis that the need for immediate treatment would normally have become apparent in that period of time;

- (d) Instructs the employee to contact the supervisor immediately after examination and treatment; and,
- (e) Informs the employee that it is the employee's responsibility to provide medical evidence as to his or her duty status and to advise the physician of the fact that limited duty is available should the employee be physically able to perform such duty.

(3) The employee should:

- (a) Advise the supervisor or activity physician of his or her choice of physician (may be an activity medical officer);
- (b) Choose a physician who is eligible and willing to give timely examination and treatment, if initial choice of the physician is not available to give examination or is on the excluded list;
- (c) Inform the physician of the availability of light duty, if the employee has been informed that light duty is available; and,
- (d) Notify the supervisor of duty status immediately following treatment and on a regular basis after that.

e. Filing the Claim

(1) The supervisor will ensure the completeness and, to the extent possible, accuracy of each claim prepared before submitting it to the ICPA.

(2) Immediately upon notification that an injury has occurred, the immediate supervisor should investigate the claim. The ICPA/CPO/HRO or safety office should also investigate, if necessary. The investigation should either substantiate the claim or show doubt as to the validity of the claim. Some sources and expertise available during the investigation are:

- (a) Injured employee;
- (b) Witnesses (or others in the area who heard, saw, or have knowledge);
- (c) Immediate supervisor;
- (d) Treating physician;
- (e) Safety staff;
- (f) Employee's injury compensation case file(s);
- (g) Official Personnel Folder; or,
- (h) Activity physician and employee's medical file.

NOTE: If review of the medical records shows evidence to dispute the claim or shows that the injury may have only caused an aggravation of a preexisting condition, such evidence or a memo signed by the activity physician to include the name of doctors and hospitals where the employee was treated is sent to the ICPA for forwarding to OWCP.

(3) Based upon the results of the investigation, the supervisor shall decide whether to controvert the claim. If the supervisor is confident that there is no basis for controversion, he or she shall immediately forward the claim and all supporting documentation through the ICPA/CPO/HRO to OWCP. If the investigation reveals that there are questionable circumstances surrounding the claim, the supervisor contacts the ICPA. The ICPA develops a controversion package in accordance with Section G, "Controversion of Claims," and if possible, forwards it with the claim to the OWCP. The supervisor notifies the employee verbally or in writing that the claim has been controverted. Either a copy of the notice or a memorandum for record should state that the employee was notified of the controversion.

(4) If it is decided that the claim or any portion of it should be controverted, the ICPA shall ensure that the following are included in CA-1, Block 35, with attachments:

- (a) Reasons for controversion; and,
- (b) Supporting documentation such as signed witnesses' statements, investigative reports, and photographs. The controversion information should be submitted to OWCP with the

claim package. If unable to submit evidence with the claim, it should be forwarded as soon as possible to expedite the adjudication of the claim.

2. Completing OWCP Forms

a. **Form CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation."** Use this form for traumatic injury cases only. A traumatic injury is defined as "a wound or other condition of the body caused by external force, including stress or strain." It must be identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event or incident, or series of events or incidents within a single day or work shift. (See glossary for definition of traumatic injury.) The Form CA-1 provides official notice to the employee's supervisor and to OWCP that a traumatic injury has occurred. (Figure 810-7 contains a sample Form CA-1, an information sheet, and instructions for completing the form.)

(1) **Time Requirement.** The employee should complete and submit the Form CA-1 as soon as possible after the injury, but no later than 30 days after the date of injury. To be eligible for COP, the employee must file the Form CA-1 within 30 days from the date of injury. Statutory time requirements for other FECA benefits will be met if the Form CA-1 is filed no later than three years after the injury. NOTE: Someone acting in the employee's behalf (that is, a co-worker, a relative, or the supervisor) may complete the Form CA-1.

(2) General Procedures

(a) The employee's CPO/HRO, supervisor, or activity's medical service provides the employee with a Form CA-1.

(b) The employee completes items 1 through 15 and returns the form to the supervisor.

(c) If the employee is eligible for COP, but elects annual or sick leave, the supervisor or ICPA explains COP to the employee.

(d) The supervisor gives the employee or the employee's representative a signed receipt.

(e) The supervisor completes items 17 through 38 on the Form CA-1.

(f) The supervisor forwards the Form CA-1 to the ICPA.

(3) **Forwarding to the OWCP.** The ICPA reviews the Form CA-1 for accuracy and completeness. If the employee has lost time from work or incurred medical expenses, the ICPA forwards the original to OWCP within ten workdays after, files a copy of the CA-1 in the Employee's Medical File (EMF) and forwards a copy to the agency Safety Officer. If the employee does not lose time from work and has no medical expense, the original Form CA-1 is

filed in the EMF and a copy to Safety. If the employee later seeks medical treatment, loses time from work, or both, the ICPA will then submit Form CA-1 to OWCP.

b. **Form CA-2, "Notice of Occupational Disease and Claim for Compensation."** The Form CA-2 provides official notice to an employee's supervisor and OWCP of an occupational illness or disease caused or aggravated by factors of employment. (Figures 810-8 and 810-9 contain samples of completed Forms CA-2 and an information sheet. (Instructions for completing the Form CA-2 are at figure 810-10)). Besides submitting this form, the employee must furnish a narrative statement - and supporting documentation - explaining how the ailment is related to the work environment (see Section E. below).

(1) **Time Requirement.** The injured employee or someone acting on his or her behalf should complete and submit the Form CA-2 to the official supervisor. Statutory time requirements will be met if the Form CA-2 is filed no later than three years after the date the employee first became aware, or if the employer had prior knowledge of the illness or disease. It should be emphasized that the employee has the responsibility to provide all the necessary documentation as outlined in item 2 under "Instructions for Completing Employee's Portion of the Form CA-2," before submitting it to the official supervisor. NOTE: Occupational disease cases are not eligible for COP.

(2) **General Procedures**

(a) The employee's supervisor helps the employee in obtaining the Form CA-2 and appropriate checklists.

(b) The employee completes items 1 through 18, provides any other information required, and returns the form to the supervisor. NOTE: Someone acting on the employee's behalf; that is, supervisor, coworker, or relative may complete Form CA-2 if the employee is unable to do so.

(c) The supervisor gives the employee or the employee's representative a signed receipt.

(d) The supervisor completes items 19 through 34 with assistance from the ICPA.

(e) The supervisor forwards the Form CA-2 to the ICPA for sending to OWCP or filing in the employee's EMF, as applicable.

(3) **Forwarding Form CA-2 to OWCP.** Upon receiving a completed Form CA-2, the ICPA should review all entries for completeness and accuracy of information. The ICPA should ensure that the additional information required by the Form CA-2 instructions and Occupational Disease Checklist is included. If the employee did not submit the required statements and medical reports, the ICPA should emphasize to the employee that failure to do so will either jeopardize the claim or delay OWCP's adjudication process. If the employee insists on

submitting the Form CA-2 without supporting documentation, the ICPA should forward it to OWCP, noting that the employee was advised to submit supporting documentation.

c. Form CA-2a, "Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation"

(1) **Purpose.** The purpose of Form CA-2a (see figure 810-11 for sample form and instructions) is to report a recurrence of an earlier disability. An employee is considered to have a recurrence when, after having returned to work, he or she is again disabled and stops work because of the original injury or occupational disease. (A new period of disability is not a recurrence if it is caused by a condition that results from a new incident or injury even to the same portion of the body previously injured, or from a new exposure to the cause of a previously suffered occupational disease.) NOTE: The ICPA may help the employee and supervisor in filing a recurrence claim.

(2) General Procedure

- (a) The employee notifies the supervisor of the recurrence.
- (b) The employee completes Form CA-2a, Part A. If the employee is no longer employed with the Federal Government, the employee should complete Part C.
- (c) The supervisor completes Part B.
- (d) The supervisor forwards the Form CA-2a to the ICPA.
- (e) The ICPA forwards the Form CA-2a (and controversion package, if appropriate) and related documentation to the OWCP.

d. Form CA-3, "Report of Termination of Disability and/or Payment"

(1) **Purpose.** The supervisor uses Form CA-3 (see figure 810-12 for sample form and instructions) to notify the OWCP office that an employee's work disability has ended, or that the employee has returned to work, or that the employee's COP has expired, but the employee is still off work.

(2) General Procedure

- (a) The supervisor or other designated official completes and forwards Form CA-3 through the ICPA to OWCP immediately after an employee's work disability has ended, or the employee has returned to work, or the employee is using leave after the COP expires.
- (b) When the employee returns to work, the ICPA notifies OWCP by telephone of the effective date, in addition to filing Form CA-3.

e. **Form CA-5, "Claim for Compensation by Widow, Widower, and/or Children"**

(1) **Purpose.** Form CA-5 (see figure 810-13 for sample form and instructions) serves as official notice to OWCP of surviving widow's, widower's, or children's claim for compensation due to an employee's death, which resulted from job-related injury or illness.

(2) **Time Requirement**

(a) If possible, the ICPA forwards Form CA-5 to OWCP within 30 days of the death, but no later than three years after the death.

(b) If death resulted from an injury for which a disability claim was timely filed, there is no time restriction on submission of the Form CA-5.

(3) **General Procedure**

(a) The ICPA provides a Form CA-5 (all items on the Form CA-5 are self-explanatory).

(b) The widow, widower, child or children, or child's or children's guardian completes the Form CA-5.

(c) If death resulted from an injury or illness previously reported to OWCP, the ICPA enters the OWCP file number on the upper right corner of the Form CA-5.

(d) The ICPA obtains a certified copy of the death certificate and a copy of the autopsy report (if available) to forward to OWCP.

f. **Form CA-5b, "Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren"**

(1) **Purpose.** Form CA-5b (see figure 810-14 for form and instructions) serves as official notice of eligible dependent's (parents, brothers, sisters, grandparents, or grandchildren) claim for compensation due to employee's death, which resulted from job-related injury or illness.

(2) **Time Requirement.** Claim must be filed within three years following date of death.

(3) **General Procedure**

(a) The ICPA provides a separate Form CA-5b to each claimant.

(b) Each claimant completes a Form CA-5b (instructions are on the back of the form) and returns it to the ICPA.

(c) If death resulted from an injury or illness previously reported to OWCP, the ICPA enters the OWCP file number on the upper right corner of Form CA-5b. NOTE: A separate form is required for each person claiming benefits.

g. Form CA-6, "Official Superior's Report of Employee's Death"

(1) **Purpose**. Form CA-6 (see figure 810-15 for sample form and instructions) serves as official notice of an employee's job-related death.

(2) General Procedure

(a) In case of an employee's job-related death, the supervisor must immediately notify the ICPA and the Safety Office. The ICPA, in turn, will immediately notify OWCP and the District DOD Liaison either by telephone, priority message, or facsimile (FAX) message. NOTE: Expedience is required so that the OWCP medical advisor can advise if an autopsy will be required.

(b) In all death cases, the ICPA will help supervisors in completing the Form CA-6.

(c) After a thorough investigation by the Safety Office of the circumstances surrounding the death, the supervisor completes the Form CA-6 and returns it to the ICPA.

(d) If death resulted from an injury or illness previously reported to OWCP, the ICPA enters the OWCP file number in the upper right corner of the Form CA-6.

(e) The ICPA reviews the form for completeness and submits it to OWCP immediately. (Any missing information should be obtained in the quickest way possible.)

h. Form CA-7, "Claim for Compensation on Account of Traumatic Injury or Occupational Disease, with Attached Form CA-20, Attending Physician's Report"

(1) Purpose

(a) Form CA-7 (see figures 810-16 through 810-19 for sample forms and instructions) is used to claim compensation for wages or time lost due to a traumatic injury or occupational disease. OWCP must have Form CA-1 or CA-2 on file to process the Form CA-7. If Form CA-1 or CA-2 was not previously submitted, it should accompany the Form CA-7 to OWCP.

(b) Form CA-7 is also used to initiate a claim for a schedule award or leave buy-back.

(2) General Procedure

(a) The ICPA provides the employee with a Form CA-7 with attached Form CA-20, "Attending Physician's Report." In traumatic cases, if the medical evidence shows that disability will extend past the COP period, the ICPA provides a Form CA-7 to the employee with instructions to return it to the supervisor or to the ICPA ten days before COP expires. The ICPA should send Form CA-7 to OWCP by the 40th day of COP to avoid interruption of the employee's pay. In occupational disease cases, the supervisor should forward Form CA-7 to the ICPA within ten calendar days from the date pay stops. The ICPA should forward to OWCP as soon as possible, but no later than five workdays after its receipt from the employee.

(b) The employee or someone acting on the employee's behalf completes Part A (items 1 through 20) of the form.

(c) The supervisor completes Part B (items 20 through 38).

(d) The employee takes the Form CA-20 to the attending physician and requests the completed form be returned to the ICPA.

(e) The ICPA reviews the Form CA-7 for completeness and accuracy and sends it to OWCP with the following attachments:

1. Copy of the position description for the job held on the date of injury and a copy of the SF 50, "Notification of Personnel Action," in effect on the date of injury;

2. Physical requirements (SF 78, "Certificate of Medical Examination"), for the job held on the date of injury;

3. Copy of most recent "Application for Federal Employment," from the Official Personnel File (OPF) (the Form CA-7 should be promptly forwarded to OWCP even if the attachments have to be sent later).

(f) The ICPA makes periodic follow-ups with OWCP until a decision has been rendered.

i. Form CA-8, "Claim for Continuing Compensation on Account of Disability, with Attached Form CA-20a, Attending Physician's Supplementary Report"

(1) **Purpose.** Form CA-8 (see figure 810-20 for sample form and instructions) is a claim for continuing compensation when disability extends beyond the period claimed on Form CA-7. The claimant completes and submits the form at 2-week intervals until he or she returns to full-time duty or OWCP places him or her on the periodic rolls. NOTE: It is mandatory that the ICPA send the Form CA-8 to OWCP 5 days before the end of the period claimed.

EXAMPLE: If the 2-week period ends on May 20, 1994, the ICPA should send the Form CA-8 to OWCP not later than May 15, 1994.

(2) General Procedure

(a) The ICPA provides a Form CA-8 with attached Form CA-20a to the employee. The ICPA may forward the Forms CA-8 and CA-20a to the employee by letter, if needed (see figure 810-21).

(b) The employee or employee's representative completes items 1 through 14 of the Form CA-8 and gives the Form CA-8 to the supervisor. The supervisor completes items 15 through 24 and returns it to the ICPA for forwarding to OWCP.

(c) The employee or employee's representative completes items 1 through 6 on the front of the Form CA-20a and item 3 on the reverse side of the Form CA-20a and gives it to his or her treating physician for completion.

(d) Upon completion of the Form CA-20a by the treating physician, the employee or physician returns it to the ICPA for forwarding to OWCP.

(e) If the ICPA receives the Form CA-8 without the Form CA-20a, or narrative medical report, he or she must not hold the Form CA-8 until receipt of the Form CA-20a, but send the Form CA-8 immediately to OWCP. The claimant has to submit these forms until he or she returns to full-time work, is placed on OWCP's periodic rolls, or elects Civil Service retirement.

j. Form CA-16, "Authorization for Examination, and/or Treatment"

(1) **Purpose.** Form CA-16 (See figure 810-22 for sample form and instructions) is used to authorize an employee who claims a traumatic injury to obtain examination or treatment at a medical source of his or her choice. Such a medical source may be: any duly qualified local physician, surgeon, osteopath, and - within the scope of their specialty - a podiatrist, dentist, clinical psychologist, optometrist, and (within certain limitations) a chiropractor. Forms CA-16 will not be issued to providers who are excluded or suspended from participation in the FECA program. An excluded physician may be reimbursed only for services rendered in a medical emergency. **NOTE:** In emergencies, the employee will be sent to the nearest available physician or hospital. The physician who provides the emergency treatment is not usually considered the employee's initial choice of physician. In emergency cases, it is not necessary to take time to fill out the appropriate forms; however, these forms must be submitted within 48 hours following first examination or treatment. Form A-16 should never be issued without a specific medical provider indicated; without the date of issue and signature of the activity representative entered; or, once the urgent need for immediate treatment has passed.

(2) **OWCP Approval.** Form CA-16 is issued in traumatic cases only. Issuance of a Form CA-16 can obligate the Department of Defense for the cost of medical treatment for a 60-day period. If there is doubt that the injury is job-related, block 6.B.2. should be checked. Only

one CA-16 should be issued for an injury. It may not be issued for an occupational claim (Form CA-2) without prior approval from OWCP. Form CA-16 should rarely be issued in cases of recurrence. It may not be issued if more than six months has elapsed since the employee last returned to work. Form CA-16 is not used to authorize a change of physician after the initial choice is exercised by the employee.

(3) **General Procedure.** The supervisor or the activity medical facility completes Part A (items 1 through 13) and gives the original to the employee. The employee should receive Form CA-16 within four hours of request. NOTE: "Light Duty is Available" may be shown on the Form CA-16 provided to the physician or by a letter attached to the Form CA-16 informing the physician of light duty (see figure 810-23). Physicians must be informed of possible accommodations provided for injured employees.

- (a) The employee gives the original to the physician or treating medical facility.
- (b) The attending physician completes Part B (items 14 through 38) of the Form CA-16.
- (c) Upon receiving the completed original Form CA-16 from the attending physician, the ICPA forwards it to OWCP.

k. **Form CA-17, "Duty Status Report"**

(1) **Purpose.** Form CA-17 (see figure 810-24 for sample form and instructions) is used in traumatic injury cases to provide the supervisor and OWCP with a brief interim medical statement concerning the employee's ability to return to full or light duty (figures 810-25 and 810-26 contain sample letters that can be used to transmit the Form CA-17 to the treating physician).

(2) **General Procedure**

- (a) The issuing official completes Part A, items 1 through 7.
- (b) The employee gives the Form CA-17 to the attending physician.
- (c) The attending physician completes Part B of the Form CA-17 (items 8 through 20).
- (d) If the physician completes the Form CA-17 immediately, the employee may return it to the supervisor. NOTE: "Light duty is available" may be entered on the Form CA-17.
- (e) Upon receipt of the Form CA-17 from the attending physician, the supervisor or activity physician determines whether the employee can return to full duty or to a light-duty assignment.

(f) The ICPA should forward the original Form CA-17 to OWCP and retain a copy with the compensation case file.

3. Duty Status Determination

a. General Guidance. The claimant or treating physician should return medical evidence to the supervisor or ICPA immediately after examination or at the start of the employee's next scheduled work shift so the employee's duty status can be decided. Upon determination of status, the employee will either be:

- (1) Returned to full duty;
- (2) Assigned to light duty;
- (3) Placed in a COP status; or,
- (4) Placed in a sick leave, annual leave, or leave without pay (LWOP) status as elected by the employee.

b. Light Duty. Light duty is provided to an employee who has sustained a job-related injury and has physical limitations identified by the treating or activity physician. However, the light-duty assignment should be within the limitations imposed by the treating physician. When an employee has partially overcome a compensable disability, it is DoD policy that supervisors make every effort to assign the employee to light duty within his or her medically-defined work limitations.

- (1) In determining light-duty assignments, the supervisor considers:
 - (a) The employee's medically-defined work limitations;
 - (b) The employee's job skills;
 - (c) The work organization to which the employee is regularly assigned; and,
 - (d) The hours that the employee regularly works.
- (2) Supervisors may verbally make light-duty offers, but should follow up in writing with copies sent or faxed to the treating physician. The offer will include a description of the duties and physical requirements of the job (see figure 810-27).

c. LWOP Documentation. The supervisor is responsible for submitting an SF-52, "Request for Personnel Action," when an employee is on LWOP for 30 days or more expecting to receive compensation benefits. The CPO/HRO will process an SF-50, "Notification of Personnel Action," for such LWOP. The supervisor, upon the employee's return to duty (RTD), should

submit a RTD SF-52 with a Form CA-3. Form CA-3 should be reviewed by the ICPA and then forwarded to OWCP to terminate compensation.

d. **Obtaining the Status of the Claim.** The ICPA obtains information from OWCP, such as current medical information, Work Capacity Evaluation Form (OWCP-5), and rehabilitation information by telephone or written request.

4. **Injury Compensation Records**

a. **Injury Compensation Case Files**

(1) **Case Files.** The ICPA prepares and maintains an injury compensation case file for each injury or illness for which compensation is claimed. As a minimum, the case file is to consist of copies of OWCP forms, relevant medical information supplied by physicians, claim-related correspondence, and other sensitive information that specifically relates to the injury or illness. NOTE: Secure case files in locked cabinets or secured areas.

(2) **Claim Numbers.** Upon receipt of the CA-801 card from OWCP that acknowledges receipt of the claim and assigns the claim number, the ICPA shall verify ownership of the case and chargeback code and if there are discrepancies, the ICPA shall notify OWCP district office immediately. The ICPA shall also annotate all appropriate documents with the claim number in the upper right-hand portion of the document before forwarding to OWCP.

(3) **Files.** The ICPA shall:

(a) Upon receipt of a Form CA-1 or Form CA-2 requiring submission to OWCP, prepare a working folder.

(b) Make sure labels have the minimum of the following information:

1. Name;
2. Social Security Number;
3. Date of Injury; and
4. OWCP claim number (when received).

(c) Arrange documents chronologically, from bottom to top, with a copy of the claim form (CA-1 or CA-2) on the bottom. Ensure all memos, notes, and records of telephone calls contained in the case file are dated and signed.

(d) Arrange file folders alphabetically.

(e) Maintain a separate folder for each injury or illness.

(f) File recurrences (Form CA-2a) with the original injury file folder.

(g) If an employee is transferred to a different agency or servicing CPO/HRO, forward his or her file folder to the new servicing activity. (A skeleton file may be retained at the losing CPO/HRO, if desired.)

(h) Maintain two separate sets of files; one for active compensation cases and one for inactive cases.

(i) Retain the injury file folders as follows:

1. First Aid - Copies of Forms CA-1, CA-801, and base medical records. After one year from the last medical appointment or treatment, incorporate the file with the Employee Medical File (EMF);

2. Medical Expenses Only - Copies of CA Forms, medical reports, letters, statements, and bills. One year after the last medical appointment/treatment, purge the file of transmittal letters, statements, bills, and nonpertinent material, and incorporate with EMF;

3. Medical Expense and COP - Copies of CA Forms, medical reports, letters, statements and bills. Two years after last medical appointment/treatment, purge the file of transmittal letters, statements, bills and nonpertinent material, and incorporate the file with the EMF; and,

4. Medical Expense, COP and Compensation - Copies of CA Forms, medical reports, letters, statements, and bills. Four years after last medical appointment/treatment, termination of compensation or when the deadline for requesting reconsideration, hearings or appeals has expired, purge the file of transmittal letters, statements, bills and nonpertinent material, and incorporate the file with the EMF. Destroy if FECA file and other EMF records are 30 or more years old from separation date.

b. **Access and Disclosure Guidelines.** All records related to an employee's injury or illness are sensitive. The ICPA should protect them from unauthorized access and disclosure; limit access to these records to those individuals with a need to know; use caution when releasing medical reports; and under no circumstance, release a psychiatric report. If in doubt, the ICPA should contact OWCP or the DoD liaison for guidance.

NOTE: It is mandatory that the employee specify in writing the name of the individual designated to act as his or her representative.

c. **Defense Injury/Unemployment Compensation System (DIUCS) - General.** Automated records provide quick and easy access to the facts on a particular case and comprehensive reports or charts concerning the total injury compensation program. The DIUCS is a valuable tool designed to provide comprehensive, detailed information and to eliminate time-

consuming methods of record keeping, thus providing more time for the ICPA to effectively manage his or her program.

(1) **Individual Case Records.** The DIUCS provides swift access to an individual case record. Data is immediately available to answer queries about personnel matters, salary information at time of injury, OWCP information such as claim number, status, latest medical bill payments or compensation disbursement information.

(2) **Reports.** In addition to pre-constructed or "canned" reports, the ICPA can use the DIUCS report function to design and create a master log or unique activity reports. Log and reports should begin and end with the DOL billing year (July 1 through June 30). If the DIUCS is not available, the ICPA must maintain a master record by manual methods or any other reliable data system.

5. **FECA Reports**

a. **DOL Chargeback Report.** The "DOL Detailed Chargeback Billing List Report" is available from the DIUCS. This report provides the activity's CPO/HRO data concerning costs of on-the-job injuries for current and former employees. These data are useful in planning budget, planning rehabilitation, reconciling benefit entitlements, and in evaluating the overall cost of the Injury Compensation Program.

b. **FECA Monthly Statement, Table 2.** The DOL provides the monthly "Table 2" report. It includes all claims that have been assigned a case number during the month. Each case listed is considered a new "case create." The number of new "case creates" is used by all CPOs/HROs and safety personnel to track new injury rates.

E. **OCCUPATIONAL ILLNESS OR DISEASE CLAIMS AND REQUIRED AGENCY DOCUMENTATION**

1. **General Information on Documentation**

(a) **Purpose of Documentation**

(1) Provide compensation personnel with a general knowledge of complexities involved and the importance of obtaining and submitting required documentation to support or controvert an employee's claim.

(2) Ensure that the ICPA involves all appropriate functions in submitting proper activity documentation whether it supports or contradicts the employee's allegations.

(b) **Activity Responsibility.** Occupational illness or disease cases require special effort and extensive documentation. ICPAs should use all resources available in acquiring information. Normally, this will include medical records and opinions, co-worker statements, information obtained from the official personnel folder and activity medical records, documentation from the

occupational health and safety officers, and information regarding the feasibility and availability of alternate employment.

(1) It is important that the ICPA ensures that the evidence submitted in occupational illness or disease cases is clear, concise, and factual and includes all required documentation. As appropriate, the supervisor, occupational health official, audiologist, safety and medical officers, and other interested parties submit their respective portions of the documentation to the ICPA for review and forwarding to OWCP.

(2) The ICPA should review all evidence before submitting it to OWCP, taking whatever actions are necessary to clarify contradictory or vague statements and obtain additional information. In unusual cases, this process may require requesting assistance from the CPO/HRO to resolve questionable issues. In some cases, it may be beneficial to coordinate the cover letter to OWCP with the functional offices involved.

2. Categories of Illnesses

a. **Hearing Loss.** (Types, Causes, Prevention) Supervisors and compensation personnel should have some basic knowledge of the possible causes of hearing loss and be extremely conscientious in ensuring that documentation is complete and factual. (See figures 810-28, "Hearing Loss Checklist" and 810-29 for sample hearing loss case. Also refer to figure 810-30 for sample supervisor's/employee's questionnaires and figure 810-31 for sample work history and occupational noise exposure form.) Types of hearing loss fall into several categories.

(1) Sensorineural hearing loss generally occurs in the inner ear and can be caused by exposure to hazardous noise levels. The latter may consist of intermittent or continuous exposure to steady state, impulse noise, or both. In most cases, however, noise-induced hearing loss will not occur if proper hearing protection devices are well-fitted and used when an employee is exposed to hazardous noise levels. Sensorineural noise-induced hearing loss is permanent. Neither medicine nor surgery can reverse this condition. Unprotected exposure to hazardous noise levels of 85 dBA for 8 hours per day may cause permanent decrease in the auditory threshold of hearing sensitivity. A significant auditory threshold shift is defined as a decrease of 20 dB or more at any test frequency for either ear. This type of hearing loss generally occurs in the high frequencies particularly at 4000 Hz. A noise-induced hearing loss will result in the employee's inability to understand speech. In severe cases, a hearing aid may be of some benefit.

(a) Hazardous noise is defined as: (1) exposure equal to more than 85 decibels when measured on the dBA scale for 8 hours in a 24-hour period or its equivalent exposure at higher levels for shorter times, or (2) impulse or impact noise that is more than a peak sound pressure of 140 dB. Noise-induced hearing damage primarily depends upon the intensity and duration of the noise. As sound intensity goes up, duration of exposure must go down. A few individuals are more susceptible to hearing damage than the normal population; therefore, noise-induced loss can only be identified through routine audio-metric monitoring.

(b) Not all exposure to hazardous noise is produced at the worksite, nor is it limited to employment. For example, loud noises, chainsaws, snowmobiles, motor boats, motorcycles, firearms, lawnmowers, home carpentry equipment (saws, drills, or other), and automotive equipment can cause or contribute to noise-induced hearing loss as well as equipment at the worksite.

(c) Many hearing loss claims filed by employees do reveal some exposure to noise levels well above 85 dBA. In these cases, the duration of the exposure determines the probability of impairment. For instance, exposure to a dynamometer (105 dBA) used in a vehicle maintenance shop for about 45 minutes per week should not cause a noise-induced hearing loss, even without the use of hearing protectors (muffs or plugs). Normally, employees assigned to a hazardous noise area are not constantly subjected to hazardous noise. The flightline, for example, is designated a hazardous noise area, but actual exposure depends on aircraft activity and support equipment in use. Also, a carpenter shop designated as a noise hazardous area may simply mean that equipment there can produce hazardous noise. If equipment is not in operation, there is obviously no exposure to hazardous noise.

(d) Noise-induced hearing loss can be prevented by proper use of hearing protection. No occupations involving hazardous noise exposure have been identified for which there was no adequate protection or method for preventing personnel from being over exposed. 29 CFR 1910.95 (reference (j)), Occupational Safety and Health Administration, Labor, mandates that protection against the effects of noise exposure should be provided when the sound levels exceed those shown below for the period of time identified.

PERMISSIBLE NOISE EXPOSURE

Duration per day (in hours)	Sound level dBA Slow response
8	90
6	92
4	95
3	97
2	100
1.5	102
1	106
0.5	110
0.25 or less	115

(2) Conductive hearing loss occurs in the outer or middle ear, or both, and can be caused by ear infection, sudden pressure changes, or blows to the head. Generally, conductive hearing loss is characterized by a perforated eardrum, fluid in the middle ear, or damage to the ossicles (middle ear bones), which would prevent sound from reaching the inner ear (cochlea). In most cases, this type of hearing loss is not occupationally related and can usually be corrected by medical and surgical methods. When not medically contraindicated, the use of amplification can be of significant benefit.

(3) Non-organic behavior (exaggerated hearing loss), malingering (willful falsification of test results), or feigning may occur when an individual expects to gain financially from a hearing loss; expects other desired action such as being retained on an assignment; or desires reassignment to avoid unpleasant duty. Non-organic behavior is first suspected when the perceived hearing ability appears better than the audiometric test results indicate. Frequently invalid, unreliable, and inconsistent test results are obtained. Often the patient will display exaggerated attempts at lip reading and over-dramatization of his or her hearing difficulty. Advanced auditory tests, which do not require a voluntary patient response, are available for the audiologist to determine whether the test results are accurate, if a hearing loss is present, and the type and extent of disability.

b. **Communicable Diseases.** Communicable Disease Claims include those for infectious or contagious diseases caused by microorganisms or by parasites contracted from another person, a contaminated article, or insect or animal. NOTE: Claims for acquired immune deficiency syndrome (AIDS) are handled by the special claims section in the District 25 Washington, D.C. office.

c. **Dermatitis or Skin Diseases.** Normally, dermatitis claims concern inflammations of the skin resulting from contact with substances of an irritant nature from such chemicals as dye, ink, solvent, detergent, or from plants (poison ivy, poison oak). (Checklist for Skin Disease claims is at figure 810-32.)

d. **Silicosis, Asbestosis, and Chronic Bronchitis.** Silicosis is caused by inhalation of particles of dust or stone, sand or flint containing silica (silicon dioxide). The mere inhalation of dust alone will not cause silicosis; the dust must contain silica. Asbestosis is caused by inhalation of asbestos particles or fibers. In these cases, it is essential that substantial exposure in the Federal employment be well established and the silica content of the dust be provided. Chronic bronchitis is a common condition that may be caused by exposure to chemical irritants, smoke or fumes, repeated attacks of acute bronchitis or bronchial asthma, prolonged inhalation of irritating vapors, dust or smoking tobacco. (See checklists in figures 810-33 and 810-34 for required documentation.)

e. **Cardiovascular Diseases.** There are several types of cardiovascular diseases, and a claim may be made for any of them. Even in situations where the condition was clearly not caused by work, it may be alleged that factors of employment aggravated a condition or precipitated a period of disability. (See figure 810-35 for coronary/vascular condition checklist.) Some types of cardiovascular problems are:

(1) **Congestive Heart Failure** - a general circulatory problem that occurs when the heart is unable to put out enough blood to meet the requirements of the body.

(2) **Arteriosclerotic Heart Disease (ASHD)** - hardening and narrowing of the coronary arteries resulting in the heart not receiving the oxygen it needs. Characteristically, this is a degenerative change that occurs in middle or old age. It is more common in men than women.

(a) **Coronary insufficiency (occlusion)** - a mild form of ASHD, also known as angina pectoris. The condition occurs due to an inadequate supply of blood and oxygen to the heart. These episodes are often precipitated by physical exertion or emotional stress.

(b) **Myocardial infarction** - the more serious form of ASHD, in which part of the heart muscle is completely deprived of oxygen and dies.

(3) **Rheumatic heart disease** - occurs because of rheumatic fever (usually in childhood), which causes damage to the valves of the heart.

(4) **Hypertensive heart disease** - a defect present at birth.

(5) **Congenital heart disease** - a defect present at birth.

NOTE: It is important for OWCP to be able to distinguish between a chronic underlying coronary artery disease or other heart disease, which may not be attributable to employment.

f. **Psychotic and Neurotic Disorders**. Emotional disorders can cause disability; an employee may file a claim based on an emotional disorder if the stress and/or strain are related to the work environment. Normally, the work environment is not the sole cause of an emotional disorder, which usually results from a combination of additional factors including genetic history and home environment. It is especially important for OWCP to receive factual evidence concerning the employee's medical history and work and home environment (see the Psychiatric Checklist at figure 810-36).

g. **Low Back Strain**. Most claims for back strains are alleged to have occurred because of traumatic injury rather than because of general working conditions and thus fall under that category rather than an occupational illness. The back is prone to progressive deterioration associated with the aging process. A back condition may also be due to an injury having no relation to the work, faulty posture, a congenital condition or a disease process. ICPAs should carefully review low back strain claims based on traumatic injury and if the situation warrants, obtain and provide the same information to OWCP as done for occupational illness claims.

h. **Radiation and Similar High Energy Injuries**. These claims can include, but are not limited to, injuries involving X-rays, radioisotopes and radio nuclides, radar, microwaves, radio frequencies, alpha and beta particles, gamma rays, high energy neutrons, and laser beams. These claims are handled by District 25.

i. **Other Occupational Illness or Disease**. The activity obtains and reviews all pertinent documentation, including the evidence required in figures 810-37 and 810-38, and forwards to OWCP. NOTE: In most traumatic injury cases, the documentation required is far less extensive; but, the ICPA should carefully review each claim. When evidence is required from the employing activity for occupational illness and it is relevant to a traumatic injury claim, the ICPA should obtain and forward it to OWCP.

3. **Claims Filed by Claimants After Federal Employment Has Been Terminated**

a. **Initial Action Required.** Often a claim for compensation because of a job-related illness or disease is not filed until some time after an employee has been separated from the employment rolls. When the ICPA receives such claims or a request from OWCP for employing activity documentation, it is important that as much information and documentation as possible concerning the employee's federal employment and medical records, and any non-federal employment or activity, be obtained and provided to OWCP. Upon receipt of a claim or OWCP request, the ICPA should:

(1) Complete SF-127, "Request for Official Personnel Folder (OPF) (Separated Employees)" and send it to the National Personnel Records Center (NPRC), 111 Winnebago Street, St. Louis, MO 63118.

(2) Complete SF-184, "Request for Employee Medical Folder," for employees separated after August 1984. For employees separated before September 1984, complete OF-11, "Reference Request - Federal Records Center."

b. **Follow-Up Actions.** The ICPA should:

(1) Review the OPF and medical records and extract as much information as possible to determine a possible employing activity position regarding the claimant's allegations.

(2) If the claimant had remained at the same employing office during the period of employment alleged to have caused the illness or disease (and the installation is still in existence), obtain documentation as would be available if the claimant were still employed.

(3) If the installation or organization is no longer in existence and exposure monitoring or other data has been destroyed or otherwise not available, request assistance from the DoD servicing liaison.

(4) A sample letter to OWCP showing types of information that an employing activity can provide is at figure 810-39.

NOTE: The claimant's signature and date in blocks 15 and 18 of the current Forms CA-1 and 2, respectively, satisfy the requirements of any local regulation for written consent to release of medical information to OWCP to process a claim in which a person's medical history is relevant.

F. CONTINUATION OF PAY AND ACCOUNTING PROCEDURES

1. Continuation of Pay (COP)

a. **Coverage.** This Section provides the ICPA and supervisor with specific timekeeping and accounting guidelines. Accurate input of time and attendance is necessary in tracking injury compensation costs.

b. **COP Applicability.** COP applies only to employees suffering traumatic injuries. Persons disabled because of occupational illnesses (those illnesses that are the result of continued exposure to a condition of the work environment) do not receive COP; they are only eligible for injury compensation benefits from the OWCP, and/or may use sick or annual leave or LWOP, as appropriate.

c. **COP - the 45-Calendar Day Period.** COP is the continuation of an injured employee's regular pay for up to 45 calendar days with no charge to sick or annual leave. COP is charged in full days only and includes weekends and holidays. COP is paid by the employing activity and contributes directly to the cost of doing business in lost production time.

(1) **Computation.** The 45 days begin according to the appropriate one of the three rules provided below:

(a) If the injury occurs before the start of the employee's scheduled tour of duty, the first day charged to COP is the date of injury.

EXAMPLE: An employee whose tour begins at 9:00 A.M. is injured while entering the building at 8:50 A.M. on Tuesday. Tuesday would be the first day of COP.

(b) If the injury occurs during the employee's scheduled tour of duty and immediate time loss results, the first day charged to COP is the first calendar day after the date of injury.

EXAMPLE: An employee whose tour begins at 9:00 A.M. has a disabling on-the-job injury at 10:45 A.M. on Tuesday. The employee cannot return to duty for five days. Wednesday would be the first day of COP.

(c) When the time loss is not immediate, the first day charged to COP is the first day of lost time following the date of injury.

EXAMPLE: An employee is injured at 2:00 P.M. on Tuesday, is examined at the activity hospital, and returns to duty after the examination. At 10:00 A.M. on Thursday, the employee returns to the activity hospital for a follow-up. In this case, Thursday would be the first day of COP.

(2) Continuation-of-Pay Limitation

(a) COP is calculated for each injury. One COP period is not added to another.

(b) COP can be received only if the initial disability begins within 90 calendar days of the occurrence of the injury. In recurrence cases, COP is allowed if:

1. The initial claim had been previously approved or is pending OWCP adjudication; and,
2. The 45-day calendar days were not all used during the initial period of disability; and,
3. The recurrence is within 90 calendar days, beginning from the date the employee first returned to work following the first period of work stoppage.

(3) Partial Days Lost. If the employee stops work for only a portion of the day or shift, such day or shift shall be considered as 1 calendar day for purposes of counting 45 days. However, while such a day is considered one calendar day for counting purposes, the employee is NOT entitled to COP for the entire day or shift unless the physician advises (in writing) the employee to stay at home for the rest of the day. For example, if an employee who has returned to work uses 3 hours to receive physical therapy for the effects of the injury, the employee is entitled to only three hours of COP for that day or shift even though one full calendar day will be charged against the 45-day limit. If the employee is absent for all or any portion of the remaining five hours (assuming an 8-hour workday or shift), such absence is covered by leave - annual or sick leave, LWOP, or AWOL, as appropriate. Any absence during that day or shift beyond the time needed to travel to and from the therapy location and to obtain the physical therapy, cannot be charged to COP.

2. Authorization and Certification of COP

a. Recurrence of a Job-Related Traumatic Injury

(1) An employee who suffers a recurrence of a job-related traumatic injury may elect to receive COP (if eligible), charge the absence to sick or annual leave, or take LWOP and file for injury compensation benefits from OWCP. COP is available as an option only:

(a) If the 45 calendar days were not all used during the initial period of work stoppage; and,

(b) If the recurrence is within 90 calendar days of the date that the employee first returned to work.

NOTE: If the recurrence occurs more than 90 calendar days after the employee returned to work following the initial work stoppage, COP may not be continued, even if some portion of the 45

days remains unused. In this case, the employee is entitled only to sick or annual leave or OWCP compensation.

(2) The phrase, "first returned to work" means the first return to any work, including part-time work. The first day of COP must be taken within 90 calendar days from the date of injury. The following example illustrates when the 90-day period begins from the date the employee "first returned to work" following the initial disability.

EXAMPLE: The employee is injured on January 2 and is totally disabled for 2 days. On January 5 the employee reports to work and works a full day. The employee does not lose any time from work again due to the injury until March 15; is off work March 15, 16, and 17; and receives COP for those three days. The employee returns to work on March 18 and does not lose any further time from work due to the injury until July 17; but on July 17, 18, and 19 again loses time from work due to the disability. The employee would not be entitled to COP for time lost in July as it was more than 90 calendar days since the first return to work, which was January 5.

Once begun, COP is continued (if the 45-day period has not been expended) for the entire period of continuous disability, even though it extends beyond the 90 calendar-day period. However, all entitlement to COP for the injury ends after the first return to work thereafter (beyond the 90-day period).

b. **Authorization and Supporting Evidence.** When an employee sustains an on-the-job traumatic injury, COP should be authorized pending receipt of the CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation," and medical evidence. If the agency does not receive the completed CA-1 and prima facie medical documentation within 10 working days from the date the employee claims COP or the disability begins, whichever is later, COP shall be discontinued and the employee shall have his or her time charged to sick or annual leave or LWOP. (A completed CA-1 must be received within 30 days from the date of injury for the employee to be authorized COP.)

c. **Certification of COP.** A physician's statement is necessary for all periods of absence due to an on-the-job injury. The treating physician should provide rationalized medical evidence supporting the treatment provided and any period of disability causally related to the on-the-job injury. If the physician does not provide medical evidence, it may result in OWCP's denial of COP and be subject to recovery.

d. **Computing Employee's Pay for COP.** COP is an employee's regular pay. It is the employee's current weekly earnings, including premium pay, night or shift differential, Sunday or holiday pay, and other extra pay except overtime.

NOTE: Firefighters and certain other employees are eligible to receive overtime when in receipt of COP (5 CFR Part 551 (reference (k))).

(1) An employee (full-time or part-time) receives COP for the number of hours (excluding overtime) he or she would have worked if he or she had not been injured.

(2) Intermittent, WAE (when actually employed) or part-time employees, either permanent or temporary, who do not work each week of the year (or period of appointment), receives COP in an amount equal to the average weekly number of paid hours that the employee has worked during the previous 52 weeks (excluding overtime). The weekly pay rate equals the average of the employee's weekly earnings during the 1 year before the injury. It is the total earnings divided by the number of weeks worked (partial weeks worked are counted as whole weeks). The annual earnings used for this computation must not be less than 150 times the average daily wage earned within 1 year before the date of injury (the daily wage is the hourly rate times eight). (Refer to figure 810-40 for worksheet used to compute intermittent, WAE, or part-time employee's COP.)

(3) Normally, employees who would have been eligible to receive Sunday premium, night differential, or any other additional pay, excluding overtime pay, will continue to receive these premiums while in "COP status." However, a 1987 court decision requires firefighters to have overtime included in their COP.

(4) Employees normally entitled to holiday pay and a holiday falls within the 45-day COP period, the holiday will be counted against the 45 days.

(5) Particular attention to the physician's report is required when charging COP on Saturdays, Sundays, and other non-workdays.

EXAMPLE: If the employee has a disabling on-the-job injury on Wednesday and the physician's statement says the employee cannot return to duty until the following Monday, Saturday and Sunday would be counted in this case.

(6) Any within-grade increases or promotions the employee receives are included in COP, since COP is replacement of the employee's normal salary.

e. **Election of Annual or Sick Leave.** If an employee elects sick or annual leave instead of COP, he or she should be advised that such leave during the 45-day entitlement cannot be paid back by compensation and that this time counts against the 45 days of COP.

f. **Election Changed Within the 45-Day Period.** An employee who first elected sick or annual leave on the Form CA-1 may change that election to COP for the entire COP period.

EXAMPLE: An employee had an on-the job injury on June 20 and was totally disabled. The first day of COP would have been June 21, but the employee elected to use sick leave instead. Sick leave was charged from June 21 through 28 and the employee decided to use COP rather than sick leave. A written request was submitted on June 28, so COP would be charged starting June 21. However, the employee must request the change to COP within 1 year of the date the leave was used or the date the claim was approved, whichever is later.

g. **First Aid Examination and Treatment for On-the-Job Injury or Illness.** When management refers an employee to a medical unit (either on-site or off-site) due to illness or injury, all time spent waiting for and receiving medical attention on the workday on which the illness or injury occurs (that would otherwise have been worked, excluding overtime) is credited as work time. The supervisor so notes and initials the employee's timecard. This does not imply that an employee whose treatment extends beyond his or her scheduled tour of duty is to be credited for that time. An employee will be credited only for the number of regular hours he or she was scheduled to work that day (applicable to injuries that occur after the workshift has begun).

h. **COP Beyond Separation (General).** COP may not be interrupted as part of a disciplinary action, even if the action was made final before the date of injury. Moreover, COP may not be terminated as a result of a disciplinary action which terminates employment unless the final written notice of termination of employment was issued to the employee prior to the date of injury. The ICPA must ensure that documentation is made available and that the final written notice of termination was issued prior to the date of injury. COP must be provided only through the last date that the employee would have worked as set forth in the termination notice. If a disabling injury occurs just prior to the end of a temporary appointment and the employee was formally advised of the final date of the appointment prior to the injury, COP would be provided only through the date of termination. Where such notice was not issued prior to the date of injury, the agency will continue to pay COP. Formal notice of termination affects ONLY officially ends. For this reason, Form CA-7 should be completed promptly and forwarded to OWCP, with the original CA-1 and other documentation.

i. **Pay Adjustments and Recovery of Overpayments**

(1) Occasionally, OWCP may determine that an employee is not entitled to all or part of a period of COP that has already been given. The ICPA and claimant will be notified of such a decision and COP should be recovered accordingly.

(2) Upon receipt of the initial OWCP decision, the ICPA advises the employee, the employee's supervisor, and the civilian payroll activity that a corrected time and attendance document or data entry is needed to change COP to sick or annual leave, or LWOP, as elected by the employee. If LWOP is elected, the overpayment will be recouped by the payroll activity. An SF-52 will be submitted to document LWOP in excess of 80 hours when LWOP is taken for the purposes of receiving compensation benefits.

(3) Supervisors should submit an adjusted time and attendance document or input corrected data to the payroll activity to recover COP hours.

(4) When the COP adjustment has been processed, an amended Form CA-3 should be sent to OWCP showing that the COP has been recovered.

(5) COP is not considered compensation, therefore, the cost of time charged to COP cannot be recouped in third party recovery cases.

j. Light Duty Chargeable to the COP Period

(1) Normally, an employee performing light duty because of an on-the-job injury is not charged COP. However, COP is charged if an employee has been assigned light duty by an official personnel action (SF-50) and pay loss results.

NOTE: The employee must be furnished with documentation of the personnel action before the effective date of the action.

(2) When an employee is detailed to a work schedule entailing loss of premium pay or night differential earned before the injury, COP days will be charged, even though the employee is working. The cost of COP is calculated as the difference between the employee's normal pay and pay earned in the detail position.

G. CONTROVERSION OF CLAIMS

1. General Guidelines

a. **Purpose of Controversion.** The FECA provides for the controversion of an employee's claim for COP and compensation when there is reason to believe that the employee is not entitled to certain benefits under the law. It is the responsibility of all supervisors and ICPAs to dispute any injury compensation claim or element of that claim for which there is credible evidence of fraud, abuse, honest misjudgment by the employee, or any other circumstances that constitutes doubt as to the employee's entitlement to one or all benefits under FECA.

b. **Questionable Cases.** In questionable cases, consult the servicing DoD liaison for an opinion on whether to withhold COP pending further developments in the case. For example, a temporary employee reports an injury sustained after having received notice of termination and there are no witnesses.

2. Types of Controversions

a. **Controversion of the Entire Claim.** The entire claim should be controverted when there is reason to believe that the claimant is not entitled to the benefits he or she is claiming. These types of cases include, but are not limited to, fraudulent claims, honest misjudgment by the claimant as to job relatedness, injuries caused by willful misconduct and injuries proximately caused by intoxication.

b. **Partial Controversion.** Any portion of a claim may be controverted when there is evidence to substantiate that the employee is not entitled to certain benefits under FECA. For example, an employee sustains a laceration to the right leg and the treating physician states that the employee is totally disabled for two days, but the employee takes off four days. Although it is a legitimate injury, two days of COP should be controverted, unless the claimant provides further evidence to justify the additional time.

c. Controversion with Termination or Denial of COP

(1) The FECA provides that the employing activity may, on the basis of information submitted by the employee or secured upon investigation, controvert and terminate or withhold COP, if the claim falls into one of the following nine categories:

(a) Disability results from an occupational disease or illness (see sample letter at figure 810-41);

(b) Employee is excluded by 5 U.S.C. 8101(1)(B) or (E) (reference (a));

(c) Employee is not a citizen or a resident of the United States or Canada;

(d) Injury did not occur at the employing activity and the employee was not involved in official "off premise" duties;

(e) Injury was caused by the employee's willful misconduct, intent to cause injury or death of self or another person, or was caused by the employee's intoxication;

(f) Claimant did not report injury on Form CA-1 within 30 calendar days following the injury (see sample letter at figure 810-42);

(g) Work stoppage first occurred 90 calendar days or more following the injury (see sample letter at figure 810-43);

(h) Employee initially reported the injury after employment was terminated (see sample letter at figure 810-44); or,

(i) Employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work Study Programs, or other similar groups. There is no entitlement to COP for these individuals; however, they may be entitled to compensation.

(2) These nine provisions are also listed in the instructions attached to the Form CA-1. These provisions should be reviewed carefully. It should be noted that OWCP makes the final determination and can overturn the activity's controversion of Termination of COP.

d. Termination of COP. Once COP has started, it may be stopped only if:

(1) Medical evidence is not received supporting the disability within 10 working days after the claim is filed by the employee;

(2) The attending physician has found that the employee is no longer disabled for the job held at the time of injury;

(3) The attending physician advises that the employee is partially disabled and then the employee refuses a suitable written offer of light duty or fails to respond to such offer within 5 working days;

(4) The employee's term of employment expires, provided the date of termination of employment was established prior to the date of injury;

(5) The OWCP advises the agency to terminate COP; and,

(6) The 45-day COP period expires.

e. **Controversion Without Termination or Denial of COP.** If the conditions listed in paragraph G.2.c.(1) above do not apply, it may still be appropriate to controvert COP. However, the agency must pay the claimant COP until notified otherwise by DOL.

(1) Reasons for controverting a claim that do not allow termination of COP are:

(a) Facts of injury are questionable;

(b) Medical evidence does not establish causal relationship;

(c) Preexisting medical conditions if there is no medical evidence to explain how the injury affected the condition;

(d) The results of claimant's fitness-for-duty examination conflict with the treating physician's medical report;

(e) An employee delays reporting the injury (but still files within the 30-day time limit);

(f) The claimant sustains a disabling injury after being refused leave;

(g) The claim lacks substantiating medical evidence;

(h) Diagnosis is not compatible with injury (see sample letter at figure 810-45);

(i) Claimant refused to be examined by an employing activity's medical officer;

(j) Injury was not caused by employment factors (see sample controversion letter at figure 810-46).

(2) The FECA provides for controversion of traumatic injury, but does not specifically address occupational or recurrence claims. In these cases, it is the responsibility of the claimant to provide evidence that his or her condition is causally related to factors of employment. Although controversion, per se, does not apply in cases of occupational disease or recurrences,

the activity can still question the validity or job-relatedness of a claim. Documentation is basically the same as for a controversion package; however, the claimant must submit a statement with the claim and the supervisor must comment on the accuracy of the statement. This gives the supervisor an opportunity to either substantiate or refute the information given (see figure 810-47 for sample letter disputing an employee's claim).

3. **The Employee's Burden of Proof.** There are five basic criteria that OWCP considers in adjudicating a claim. Where the employee's evidence fails to meet any of the five requirements, the examiner will try to obtain clarification of significant discrepancies and any additional information necessary to reach a decision. It is the responsibility of the supervisor or ICPA to controvert the claim if any of the following basic requirements are not established:

a. **Time Limitations**

(1) Claimant should file a notice of traumatic injury or occupational disease claim for compensation within the time limits specified below. (These time limits apply only to injuries and deaths that occurred on or after September 7, 1974.)

(2) The 5 U.S.C. 8122 (reference (a)) states that the claimant should file an original claim for compensation for disability or death within 3 years after the occurrence of the injury or death. Even if the claimant does not file within 3 years, compensation may be allowed if:

(a) The immediate superior had actual knowledge (including verbal notification) of the injury or death within 30 days after occurrence; or,

(b) The claimant gave written notice of injury or death within 30 days as specified in 5 U.S.C. 8119 (reference (a)).

(3) 5 U.S.C. 8122 (reference (a)) also provides that filing a disability claim because of injury will satisfy the time requirements for a death claim based on the same injury. This Section further provides that failure of any individual to comply with the three-year time requirement may be excused by the OWCP on the grounds that notice of injury or death could not be given because of exceptional circumstances;

b. **Civil Employee.** The injured employee or decedent must be or have been a Federal employee;

c. **Fact of Injury.** The employee or decedent must have sustained an injury as defined in FECA;

d. **Performance of Duty.** The injury or death must have resulted from an incident or circumstance occurring while the employee was performing official duties; or,

e. **Causal Relationship.** The injury, disability, or death must have been caused by conditions of employment. The causal relationship may be either direct or by precipitation, aggravation, or acceleration of a preexisting or underlying condition.

4. **The Controversion Package.** The content and validity of a controversion package are the determining factors in OWCP's decision to uphold or deny a controversion. Therefore, it is of the utmost importance to prepare this package with care after thoroughly investigating the circumstances surrounding the claim. It is also important to mark the appropriate controversion block on the Form CA-1. The package should include a cover letter with documented evidence attached. The ICPA maintains a copy of the entire controversion package in the employee's claim file. A copy of the cover letter should be sent to the district DoD liaison for recording purposes.

a. **The Cover Letter.** The cover letter is the first document the OWCP claims examiner sees and it summarizes the reason for controversion. All letters should be simple and tied to the FECA statute. Construct the letter to include:

(1) **Introduction.** The introductory paragraph should contain a reference to the claimant, the claim number (if assigned), the nature of the claim, and a statement that the claim or identified portion of the claim is being controverted;

(2) **Presentation of Evidence.** The body of the cover letter presents the actual evidence or reference to the evidence that supports the controversion. The body consists of two types of information:

- (a) Reference to the attachment; and,
- (b) Factual information not supported by attachment.

(3) **The Summary.** The final paragraph should contain a concise summary of the justification for the controversion and the action needed by the claims examiner; that is, the cover letter should:

- (a) Describe what is being controverted and why;
- (b) Support the agency's position; and,
- (c) State requested action.

b. **Attachments or Enclosures.** The agency should support controversions with factual evidence and present as attachments. Refer to the attachments in the cover letter and arrange in an orderly sequence.

(1) Examples of Attachments:

- (a) Witness statements;
- (b) Supervisor's statements;

- (c) Medical evidence;
- (d) Diagrams, maps, or both;
- (e) Photographs;
- (f) Time and attendance records;
- (g) Other documents obtained during the investigation; and,
- (h) Investigative reports (if available).

(2) **Importance of Attachments.** Because the attachments make up the bulk of evidence needed for controversion, their accuracy and completeness are vital. Documents refuting a claim or portion of a claim will weigh heavily on the adjudication of the case as long as they are relevant, accurate, and objective.

H. PAY RATES USED FOR COMPENSATION AND OTHER PAY RELATED ISSUES

1. Compensation Pay Rate

a. **Compensation Pay Rate Explained.** The pay rate used by OWCP for computing compensation is the highest rate on any of the following dates:

- (1) Date of injury;
- (2) Date of recurrence; or,
- (3) Date disability began. This date applies for illness/disease claims.

b. How to Determine Pay Rates

(1) **Date of Injury.** The date of injury pay rate is the rate used in most claims. It is important that pay rates submitted on the Form CA-1, CA-2 and CA-7 are correct. Use hourly rates. OWCP will multiply the hourly rate times 40. If an annual rate is used, OWCP will divide the rate by 52.

(2) **Date of Recurrence.** In order for an employee to receive the recurrence pay rate, the recurrence must begin more than six months after the employee had resumed regular full-time employment with the government. The six months begin after the employee has lost time other than the date of injury. The employment with the government during the required six months need not have been "continuous." The 6-month requirement applies only to the first recurrence of disability and is not a requirement to subsequent recurrences.

(3) **Date Disability Began.** This is the pay rate used when the employee did not stop work on or immediately following the date of injury and the disability began later. The date disability began pay rate is compared to the date of injury pay rate and the greater of the two is used.

c. **Temporary Employees.** In certain situations, temporary employees are not entitled to compensation at the same rate as full-time, permanent employees. If an employee's appointment was for less than one year, the ICPA must submit the additional information to OWCP as follows:

(1) How long was the appointment, including extensions? Submit copies of all applicable SF-50s.

(2) Had the employee established the ability to work full-time? Submit a copy of an "Application for Employment."

(3) What were the annual earnings of a similar employee (another 90-day appointee, NOT a full-time permanent employee)?

d. **Computation of Compensation for Intermittent and Temporary Employees.** Normally, OWCP bases compensation on the employee's weekly pay at the time of injury. However, if the employee was on an intermittent or temporary job that would not have afforded employment for a whole year, OWCP may use a different formula to compute the weekly pay rate. In these cases, the average annual earnings used as the basis for compensation will not be less than 150 times the employee's average daily wage earned in the particular employment during the year immediately preceding the injury. (EXAMPLE: An employee earning \$7.32 per hour - $\$7.32 \text{ per hour} \times 8 \text{ hours} = \$58.56 \text{ (per day)} \times 150 = \$8,784.00 \text{ (per annum)}$ divided by 52 weeks = a weekly pay rate of \$168.92.)

e. **Firefighters and Employees Who Work Other than a 40-Hour Workweek.** For firefighters (and other employees) who work other than a 40-hour workweek, it is critically important that OWCP be specifically advised of: (1) the actual number of hours in the workweek, listing regular and overtime hours separately; and, (2) the basic pay rate, the overtime pay rate, and percentage of premium pay. The ICPA must include a statement about whether the provided pay rate includes or does not include the premium pay. For firefighters that work 72 hours per week, overtime is paid for 19 hours. The overtime pay is included in the pay rate used for compensation purposes. (5 CFR Part 551 (reference k)). The formula for computing premium and overtime pay is included in figure 810-48. The ICPA should complete the worksheet and forward a copy with the claim to OWCP.

f. **Cost of Living Increases.** The FECA provides for increases based on the Consumer Price Index (CPI) to claimants who have been receiving compensation for more than a year. CPI increases apply only if the claimant received compensation prior to March of the previous year. Figure 810-49 contains all the CPI adjustments granted since 1966 and can be used in determining if the amount of compensation paid to the claimant and charged back to the activity is reasonably correct.

g. **Loss of Wage-Earning Capacity.** When an employee has a partial loss of wages, OWCP will compute the compensation based on the "Shadrick" formula as it reflects the principles declared by the Employees' Compensation Appeals Board (ECAB) in the case of Albert C. Shadrick, 5 ECAB 376. In that decision, the ECAB found that 5 U.S.C. 8106(a) (reference (a)) does not say that compensation is to be based on the difference between the employee's earnings at the time of injury and whatever variable dollar income the employee may have in the future. Instead, it is to be based upon the loss of capacity to earn wages. The ECAB went on to say, "Although capacity to earn and not wages received is the proper test under the law, an employee's actual wages may constitute compelling evidence of his capacity to earn and in a proper case may be used as a yardstick in determining an injured employee's diminished earning capacity." However, in applying this yardstick, the Appeals Board found that "...wages received 2, 5, or 10 years after an employee has sustained an injury and during which period changes in business conditions have caused wages to double due to a business boom or to be cut in half due to a depression cannot be used as a conclusive factor in determining a claimant's diminished wage-earning capacity after he has been injured." The Appeals Board concluded that "Actual dollar earnings received several years after injury may be used to determine wage-earning capacity only after they have been converted into terms of actual dollar earnings received at the time of the injury."

Mathematically, this principle is represented by the "Shadrick" formula as shown in figure 810-50. When the job held at the injury included additional elements of pay that would be reflected in the pay rate for compensation purposes, such as night differential, such additional pay must be reflected in the current pay for the same job. This is done by increasing the current base pay by the same percentage as the original base pay was increased by the additional pay elements.

2. **Preventing Overpayment Occurrences.** To prevent overpayments, the ICPA should:

- a. Submit a copy of the SF-50 that reflects the salary on the date of injury with the initial CA-7;
- b. Highlight part-time or intermittent employment on Forms CA-1, CA-2, or CA-7;
- c. Do not complete the employee's portion of Forms CA-7 or CA-8. If there is fraud, the government does not have a case if the form was not completed by the claimant;
- d. Review the award letters on Schedule Awards and compensation payments to insure that the correct pay rates were used; and,
- e. Review leave buy back cases and verify that the CPIs are not given if the pay rate was not in effect for one year as of March 1 on the following year.

3. Leave Buy-Back Procedures

a. Criteria for Leave Buy-Back. If an injured Federal employee elects to use sick or annual leave during a period of disability, the employee may (with agency approval) claim compensation for the period of disability and "buy back" the leave used. Compensation entitlement for leave repurchase is computed in the same way as compensation for temporary total disability. Because leave is paid at 100 percent of the usual wage rate and compensation is paid at 2/3 of the employee's base pay if there are no eligible dependents, or at 3/4 with 1 or more dependents. The agency pay leave at 100 percent of salary. In order for leave to be reinstated, the employee must refund to the agency the difference between the compensation entitlement and the total amount of leave paid by the agency. The employee's leave record must be changed to Leave Without Pay (LWOP) in order for the compensation to be paid. Leave is not earned during a period when an employee is in LWOP status. Therefore, the repurchase of leave may result in a reduction of earned leave. Buy back of such leave is subject to agency concurrence and availability of official leave records. (Any sick or annual leave used during the 45-day COP period cannot be used for buy-back purposes unless the employee was not entitled to COP.) Before leave buy-back procedures begin, the following criteria should be met:

- (1) OWCP has approved the employee's claim for compensation benefits.
- (2) The employee used sick or annual leave due to the disability.
- (3) The claim for leave buy-back is submitted within one year of the date the leave was used or the claim was accepted, whichever is later. (This would assure leave records and medical documentation are available to support disability for the period claimed.)
- (4) Requests for leave buy-back shall be submitted for a minimum of ten hours of leave unless no further claims are anticipated. Medical documentation must be provided for all dates claimed.

b. How to Process Leave Buy-Back Requests. The following are procedures to use when an employee buys back leave:

- (1) When an employee advises his or her immediate supervisor or other designated official of intention to file a leave buy-back claim, the employee should complete a CA-7 for the dates claimed. When more than one continuous period of leave is claimed, the employee should complete a CA-7a, "Time Analysis Form," (figure 810-51) following the instructions (figure 810-52).
- (2) The employee completes the forms and returns them to the supervisor or designated official. After completing the agency's portion, the supervisor or other official forwards the form to the ICPA.
- (3) The Injury Compensation Specialist reviews the CA forms and reviews and CA-7a for accuracy of hours shown, verifying the hours against payroll records. The ICS should contact

the employing agency's payroll department to obtain the total repayment amount for all hours claimed. The determination as to which hours are actually compensable will remain an OWCP function, based on review of the medical evidence on file.

(4) The ICS estimates the FECA entitlement using CA-7b, "Leave Buy-Back (LBB) Worksheet/Certification and Election" (figure 810-53). The completed worksheet will show the total repurchase amount, the estimated amount OWCP will pay if all hours are approved, and the balance which the employee will be required to pay to the employing agency.

(5) The ICS returns the CA-7b to the employee. The employee reviews the figures provided and determines whether to pursue the leave buy-back request.

(a) If the employee decides not to pursue the request, he or she will check the "No" box on the CA-7b, sign the form, and return it to the ICS. The employing agency will retain the claim rather than forwarding it to OWCP.

(b) If the employee decides to pursue the request, he or she will check the "Yes" block on the CA-7B, sign the form, and return it to the ICS. The ICS will also sign the form and forward the complete package, consisting of the CA-7, CA-7a (if applicable), and the CA-7b, along with any medical documentation submitted by the employee, to OWCP.

(6) The FECA District Office will review the estimate of FECA entitlement shown on the CA-7b. If there are no discrepancies greater than ten percent (see FECA Bulletin No. 96-11), the leave repurchase request will be processed similar to a regular compensation payment.

NOTE: The employee is not required to repay the employing agency until compensation has been approved by OWCP.

(7) After leave buy-back has been approved and paid, the ICS should determine whether the leave was used but has not filed a tax return for that year. If so, the employee should be advised to request an adjusted W-2 from Payroll.

Figure 810-54 illustrates a leave buy-back flow chart outlining the process.

c. **Impact on Leave Forfeiture and Leave Earnings.** If annual leave is to be recredited to the employee's account and it exceeds the maximum permissible carryover balance, the excess amount is subject to forfeiture. Since the leave previously used must be converted to LWOP for "buy back" purposes, leave earned during the buy-back period is nullified. In addition, the employee will no longer be entitled to pay received for any holiday that was included within the period of LWOP and each increment of 80 hours LWOP results in a corresponding loss of leave accruals.

4. **Debt Collection.** The Debt Collection Act of 1982 (Pub. L. 97-365 (1982) (reference (1))) authorizes agencies of the Federal Government to refer debts to private collection agencies for collection action and to assess interest, penalties, and administrative costs.

5. **Projecting Lifetime Compensation Costs.** Reemployment of injured workers is one of the most effective means of reducing program costs. Providing managers and supervisors with realistic potential lifetime costs (potential liability to the Department of Defense) can be effective in gaining their support in the return to duty of injured employees. Figure 810-55, with accompanying instructions and tables (figure 810-56), can be used to determine these costs.

I. RETENTION, REEMPLOYMENT, AND REHABILITATION

1. **General Guidance.** This section tells how to keep an injured employee actively employed and how to help an employee who has partially recovered from a job-related injury to overcome his or her disability and return to work as early as possible. (The term "employee" as used in this section includes individuals receiving FECA benefits who have been separated from DoD rolls.) The intent is not only to provide the injured employee with productive employment, but also to reduce or eliminate the DoD compensation costs. A single employee retained in an active employment status or returned to duty can result in a lifetime savings to the Department of Defense of hundreds of thousands of dollars and depending on age, over one million. Management and civilian personnel should make every effort to place the injured employee in a position consistent with his or her medical limitations. A common characteristic of successful programs is the recognition of the need to involve all participants in the process, i.e., classification, affirmative employment, employee relations, manpower, and medical services.

2. **Early Case Management Actions.** OWCP uses the services of registered nurses to decrease the extent and duration of disability by improving medical management in cases where projected length of disability is uncertain. The nurses meet with injured employees, treating physicians, and employing agency representatives to address questions about medical care, treatment plans, return to work dates, descriptions of work limitations, and availability of light duty jobs. Usually, the nurse is assigned to claimants with injuries such as back sprain/strain, neck or shoulder sprain/strain, knee injuries, and carpal tunnel syndrome after the 45-day COP period has ended and a Form CA-7 has been filed with OWCP. However, the ICPA may request nurse intervention services when they believe the services would be beneficial in the medical management of long-term cases. The contract nurse:

- a. Communicates directly with injured workers and their families to explain and monitor medical treatment and progress;
- b. As needed, identifies and pursues more active treatment or more active participation by the injured worker;
- c. As requested by the claims examiner, obtains concrete work limitations;
- d. Arranges for on-site visits to the work place;
- e. Communicates directly with the treating physician about light duty opportunities and other issues; and,

f. Initiates return to work programs with the employee, agency and treating physician. ICPAs should promptly submit all claim forms and related material to OWCP to ensure timely assignment of cases to the Nurse Intervention Program.

3. Actions Required Prior to or When Employees Are Separating from the Employment Rolls. If an employee has sustained a job-related injury or occupational illness and is receiving any FECA benefits, or is in the process of filing or may file a claim later (as in the case of a hearing loss), the following actions are mandatory by the agency:

a. When the employee is filing for disability retirement, the agency must:

(1) Make every effort to place the employee in a position compatible with his or her physical limitations resulting from the injury or illness and any preexisting conditions. The position can be any available permanent full-time or part-time (if the employee is unable to work full-time) job, which the employee can perform regardless of the grade or rate of pay;

(2) Send a letter to the employee's physician explaining the differences between the Workers' Compensation Program and the Civil Service Retirement System (CSRS) or Federal Employees' Retirement System (FERS). Make sure it contains a request for the physician to provide information regarding the employee's current work limitations and restrictions. Refer to the sample letter in figure 810-57 for this purpose;

(3) Document all actions taken to place the employee in accordance with his or her current physical restrictions and to meet the "reasonable accommodations" obligations. (See glossary for definition of reasonable accommodation.);

(4) Identify a position and offer it in writing to the employee. Make sure the offer includes a description of the duties to be performed, the specific physical requirements, any special workload demands or unusual working conditions, the pay rate, the organization and geographical location, the hours of work, the date when the job will be available, and date of expected response. (Refer to figure 810-58 for sample job offer letter.); and,

(5) Have the employee accept or decline in writing. If the employee declines, include the reasons for declination and a statement that he or she understands that the declination may affect entitlement to FECA benefits and OPM disability retirement.

b. When an employee voluntarily resigns or applies for optional retirement, the agency must:

(1) Obtain a copy of the employee's current position description, including the precise physical requirements; and a signed statement from the supervisor concerning the employee's past performance, the continued availability of the position, and the expected continued performance of the employee were he or she to remain on the job;

(2) Obtain a copy of the employee's SF-52 showing the signed statement of the employee's reason for resigning; and,

(3) Maintain a copy of the above documentation, in addition to a copy of the separation SF-50 in the working case file and forward copies to OWCP.

c. If the employee's separation results from other reasons such as reduction-in-force, functional transfer, failure to qualify during the probationary period, failure to meet the requirements of the Veterans Re-Adjustment Act (VRA), or disciplinary actions not related to on-the-job injury or illness, as applicable, the agency must:

(1) Obtain a copy of the employee's current position description, including the precise physical requirements, the salary thereof, and a signed statement from the supervisor concerning the employee's past performance, and the expected continued performance of the employee had it not been for the reduction-in-force;

(2) Provide a statement concerning the entitlement to relocation expenses, if functional transfer is involved;

(3) Obtain documentation (including disciplinary actions) concerning the reasons unrelated to the on-the-job injury or illness that caused the action;

(4) If the employee was offered and declined a functional transfer, obtain a copy of the position description including the precise physical requirements, the salary thereof, and a signed statement from the employee showing that he or she understands his or her nonacceptance may negate any entitlement to compensation payments in accordance with 5 U.S.C. 8106(c) (reference (a)); and,

(5) Maintain a copy of the above documentation, in addition to a copy of the separation SF-50 in the working case file and forward copies to OWCP.

4. Reemployment Actions

a. Exception to Hiring Freezes. By direction of the Secretary of Defense, heads of DoD Components have authority to exempt claimants from hiring freezes. Reemployment of claimants makes sound economical sense by eliminating or reducing nonproductive expenditures (compensation payments) and, in turn, receiving services for expended dollars.

b. Reemployment Efforts

(1) The OWCP Rehabilitation Specialist (RS) has the responsibility to review and screen all compensation case files to determine if an injured worker can be considered for reemployment. The RS bases his or her determination on the results of a current medical evaluation and an interview with the employee. If the RS decides that the injured worker is a potential candidate for reemployment, he or she may refer the injured worker to a private

counselor for possible vocational rehabilitation. The RS also sends a copy of the referral letter to the claimant's previous employer for possible placement.

(2) Although the OWCP has the primary responsibility of making referrals to the employing agencies, the CPO/HRO, physicians, management, DoD liaison, or the injured employee may initiate reemployment efforts. For instance, the ICPA should carefully screen the case files of employees listed on the chargeback report to determine if there are potential rehabilitation or reemployment candidates receiving compensation.

(a) If, after careful review of the case file, it appears a claimant can perform some type of work in a limited capacity, the ICPA should immediately send a letter (see sample letter at figure 810-54) to the employee requesting that he or she complete an "Application for Federal Employment." The ICPA should coordinate this letter with the appropriate affirmative employment specialist.

(b) When a separated employee has relocated outside the commuting area, the activity should investigate possible employment opportunities in his or her current area. If a suitable offer for employment in a Federal position cannot be made in the former employee's current location, OWCP may pay reasonable and necessary relocation expenses. These expenses are later charged back to the DoD Components.

(c) Assisted reemployment may be appropriate if a suitable position in private industry or in another federal agency is identified in the former employee's current area. This OWCP project provides for three years of partial reimbursement of salaries to employers, other than the original employer, who reemploy disabled FECA compensationers.

(d) Flexiplace employment shall be considered as an appropriate alternative to traditional placement in the work locale.

(e) If assistance is needed in placing the employee or former employee, the ICPA should request the DoD liaison or the OWCP RS to review the case file to evaluate the possibility of an official referral. NOTE: It is not always necessary in the reemployment process to have OWCP rehabilitation involvement.

(3) The Injury Compensation Program (ICP) should enhance the ongoing reemployment efforts of the Department of Defense. Programs which can help with this effort are the Flexiplace Program and overhire funding programs such as the Air Force's (AF) Pipeline Reemployment Program. Both of these programs give ICPAs the opportunity to further an agency's cost containment efforts.

c. Preparing for Appointment

(1) As soon as the ICPA, liaison, or RS initiates a reemployment referral action, the employment specialist should request and review the employee's OPF and medical records to identify all positions for which the employee qualifies.

(2) Based on the "Application for Employment," the employment specialist should search all current and anticipated vacancies for possible placement. Where accommodations are necessary (based on the employee's partial disability), managers should consider creating a position that meets the employee's medical limitations.

(3) The employment specialist should contact organizations where placement is anticipated and provide the OWCP Form 5, "Work Capacity Evaluation," the qualifications statement, and any other pertinent information regarding the employee's work capability. The employment specialist should advise the organization that an overstrength position may be requested for this special placement through the Pipeline Reemployment Program (AF only at this time).

(4) If a position description is needed, the supervisor and classification specialist should develop one (using the Factor Evaluation System format) that accommodates the physical and environmental limitations of the employee. If the current position description is modified, a detailed position review should be attached as an addendum that describes the physical and environmental demands of the position in relation to the limitations set forth on the OWCP Form 5. Staffing personnel will clear placement priorities prior to the action.

(5) The activity (or nearest) medical officer will review the OWCP medical evaluation, the OWCP Form 5, any preexisting medical condition, and any medical condition that may have developed after the employment injury to make a recommendation regarding employability. The CPO/HRO should evaluate the referral, documented medical limitations, and the medical officer's recommendations and decide whether to make a job offer. If the CPO/HRO requires updated medical information to determine whether a position is within the employee's medical limitations, the request should precede the offer of employment. It should include the same information about the duties and physical requirements of the position as would be included in the offer of employment.

(6) The CPO/HRO has the option of obtaining the attending physician's approval before making the official job offer. The ICPA should transmit the following to the employee's attending physician for approval:

(a) A description of the position being offered that clearly defines the specific duties and the specific physical requirements (SF-78).

(b) If possible, a brief cover letter signed by a DoD Component medical officer or the CPO/HRO.

d. **Restoration Rights.** Restoration rights apply to all employees, except those serving under a time-limited appointment. When an employee has been separated from the agency rolls due to disability from a job related injury, the following applies:

(1) Rights For Those Fully Recovered Within One Year Are As Follows:

(a) A disabled employee has mandatory restoration rights for a period of one year from the date compensation begins. The one-year period begins as of the date compensation is payable. The 45-day period of COP is excluded since this is not considered "compensation." Also excluded is any period of sick or annual leave the employee elects to take; and,

(b) The employee shall be restored immediately and unconditionally to the former position or with the employee's concurrence an equivalent position in the commuting area in which the employee was formally employed;

(2) Rights For Those Fully Recovered After One Year Are As Follows: An employee, who takes longer than one year to recover and who has been separated from work because of injury or occupational disease, is entitled to priority consideration for the former position or an equivalent one if the employee applies for restoration within 30 days of the date compensation ceases or 30 days from the resolution of an appeal for continued compensation;

(3) Physically Disqualified. An employee who is physically disqualified for the position previously held or an equivalent position is entitled, within one year of the date compensation begins, to be placed in a position for which he or she is qualified that most closely approximates the seniority, status, and pay to which the employee would otherwise have been entitled, consistent with the circumstances in each case. After one year, the employee is entitled to the rights accorded employees who fully or partially recover, as applicable;

(4) Partially Recovered. A partially recovered employee has no right to restoration. However, every effort shall be made to place the employee in an appropriate position in the commuting area. This shall include re-engineering the former position, if feasible, or placing the employee in any other position he or she is able to perform; and,

(5) Status Upon Restoration. An employee who is restored following a compensable injury or disease is treated as though he or she had never left; however, an employee does not earn sick and annual leave while off the rolls or in a non-pay status. The entire period the employee was receiving COP or compensation is creditable for purposes of rights and benefits based upon length of service, including within-grade increases, career tenure, and completion of probationary period.

5. The Official Position Offer

a. **Position Availability.** When making an offer of employment, the CPO/HRO must ensure that the offered position shall be available during the period required for OWCP to advise the employee of suitability and to allow for the employee to respond. An employee might refuse a job offer initially, then accept the offer after receiving a letter from OWCP.

(1) If the job is not available at the time the employee accepts the offer, OWCP will find that suitable work was not available and benefits will continue.

(2) The success of efforts to return employees to gainful employment while providing procedural due process requires close cooperation between the activity, DoD liaison, and OWCP. Early notification of job offers and complete information about the physical and other requirements of the job will aid OWCP in making its decisions.

b. **Meeting the Test of Suitability.** To meet the test of suitability under FECA, the job offered must be within the physical capabilities of the employee. Generally, when an employee can work four or more hours a day and the position offered is for less than four hours, OWCP shall find the position unsuitable because less than four hours a day is regarded as sheltered employment and is reserved for the severely disabled. In these instances, OWCP encourages the employer to consider whether it can provide longer hours to the employee or place the employee in another position. Reasonable cause for refusing a job offer may include, but is not limited to, the following reasons:

(1) The medical evidence indicates that the job requirements exceed the physical or emotional capabilities of the employee;

(2) The job offer is for less than four hours a day and the employee is capable of working longer;

(3) The location where the job has been offered is medically inadvisable. (OWCP may pay for reasonable and necessary relocation expenses if the former employee is required to relocate for the offered job. This is charged back to the agency.);

(4) The position offered is for less than 90 days; or,

(5) The employee has found other work that fairly and reasonably reflects his or her earning capacity. (In this case, appropriate action would be taken to adjust or terminate compensation.)

c. **Employment Offer**

(1) The offer of employment should contain:

(a) A description of the duties to be performed. (A copy of a position description may be attached, but the duties of the position must be described in narrative form within the job offer letter, title, series, grade, step, rate, and salary of the position);

(b) The specific physical requirements of the position, tour of duty, hours of work, or both, and any special workload demands or unusual working conditions;

(c) The date the job will be available and the expected term of the position (at least 90 days);

- (d) The organizational and geographical location of the job;
- (e) The date by which a response to the job offer is needed (the suggested time period is 15 days);
- (f) If applicable, information regarding loss of wage earning capacity benefits;
- (g) A statement that the job will remain available until OWCP makes a formal determination that the job offer is valid; and,
- (h) The attending physician's approval of the physical requirements for the claimant.

(2) Sometimes it is not possible to offer an employee a job at his or her current grade level or the last grade held before being separated from the agency rolls. If the individual is reemployed at a lower grade or pay level than previously held, OWCP will make up the difference by determining and paying loss of wage-earning capacity (LWEC) benefits. This cost is charged back to the agency. It should be noted that pay retention tends to disguise the actual cost of work injuries. When the pay LWEC is paid by the OWCP, the costs associated with the injury are clearly identifiable.

(3) The notice to the employee about the job offer should not include a request for election of OPM benefits if the employee decides not to accept the job offer. OWCP shall not consider the employee to have made an informed election of benefits unless the OWCP advises the employee that the job is suitable and of the consequences of a refusal without reasonable cause. OWCP will offer an election between OPM and OWCP benefits (see figure 810-58, Sample Letter and Acceptance or Declination Statement).

(4) The ICPA should send complete copies of the letter offering employment to the OWCP claims examiner, the DoD liaison, and if appropriate, the rehabilitation specialist at the time the offer is made.

(5) On receipt of the job offer, with the duties and physical requirements, the OWCP district office will evaluate the position to determine whether it is suitable, medically and otherwise. If the job offer is suitable, OWCP will advise the claimant and afford him or her 30 days to submit any evidence to the contrary or reasons for refusing the job. OWCP shall provide this advice even if the CPO/HRO has informed the claimant of his or her responsibilities and of the sanctions that may be imposed. OWCP will transmit a copy of the job offer with the duties and physical requirements to the employee.

(6) If OWCP determines the job offer is not suitable, OWCP shall notify the CPO/HRO and provide assistance in identifying other accommodations to make the job offer suitable.

d. **Job Offer Acceptance.** If the employee accepts the job offer, the CPO/HRO notifies OWCP at the earliest time possible of the return to duty date. Benefits will be terminated or adjusted as of the date of return to duty. To avoid overpayments of compensation, the ICPA notifies OWCP of the employee's return to work by telephone, and submits Form CA-3, and a copy of the appointment SF-50.

e. **Job Offer Refusal.** If a former employee declines a valid job offer, the CPO/HRO must send a copy of the employee's declination with the reasons for declining to OWCP. If the employee refuses to sign a declination, the ICPA must document this information in a letter and forward it to OWCP. If the employee refuses the offer, but provides reasons to support the refusal, OWCP shall evaluate the reasons given and decide whether the refusal is valid.

(1) If the reasons are not valid, OWCP shall send another letter to the claimant providing 15 more days to accept the offer and issue a warning that the compensation order to terminate benefits (except for medical expenses) will follow. The claimant's benefits will not be terminated until the additional 15 days.

(2) If OWCP cannot determine whether the former employee's reason for refusal is justifiable without further investigation of the issues, OWCP will ask the claimant for clarifying information and set a 30-day deadline. The OWCP will take no action until it receives a response from the claimant or the OWCP 30-day notice period has expired. If the employee does not respond to OWCP's letter, OWCP will issue a compensation order to terminate benefits under 5 U.S.C. 8106(c)(2) (reference (a)) on the basis that the employee refused suitable work.

(3) If reasons for refusal are valid, OWCP shall advise the CPO/HRO and continue compensation at a level commensurate with the degree of disability.

6. **Retirement Credit For Time Spent in Receipt Of OWCP Benefits**

a. **Retirement Credit Explained.** When a current or former employee returns to Federal employment, different provisions apply in crediting the time spent while receiving OWCP benefits toward retirement. The following categories explain when the time is creditable and the requirements to be met for the credit. (OPM Operating Manual, Section 102.A.3. of the CSRS and FERS Handbook for Personnel and Payroll Offices, (reference (m))).

(1) **Employee in a LWOP Status.** An employee who is in a leave-without-pay status while in receipt of FECA benefits will receive full credit for the LWOP period in the computation of annuity and for high-3 average salary purposes. LWOP while in receipt of FECA benefits is not subject to the limitation of six months' credit in each calendar year, as is other LWOP. The "one-out-of-two provision" does not apply when an employee is in a LWOP Status. (See note in (2) below)

(2) **Separated Employee.** This category applies to a former employee who has not had a retirement approved - optional, disability, or discontinued. When a separated employee (other than an annuitant) returns to federal service, that portion of the period of separation during

which the employee receives FECA benefits is deemed to be a period of LWOP and is fully creditable for computation and high-3 average salary purposes. The official personnel folder will be reconstructed for the periods of time separated, documenting all pay adjustments and step increases as if the employee had been on the agency rolls.

NOTE: No period of separation, even one in which the employee received FECA benefits, may be credited in meeting the requirement that a CSRS employee complete one year of covered service in the two-year period immediately preceding a non-disability retirement. THE "ONE-OUT-OF-TWO" REQUIREMENT DOES NOT APPLY UNDER FERS.

(3) **Disability Annuitant Under Age 60.** This category applies to an individual who has filed an application for retirement with OPM and who is entitled to an annuity whether or not an annuity has ever been received. This person would be considered an annuitant. The reemployment status of a disability annuitant is determined by the continuing nature of his or her disability annuity. A reemployed disability annuitant can receive service credit for the time spent on OWCP's rolls if he or she:

- (a) Subsequently returns to work in a position with retirement coverage;
- (b) Is found by OPM to be either:
 - 1 Recovered from disability; or,
 - 2 Restored to earning capacity; and,
- (c) Establishes a new entitlement to annuity.

EXAMPLE: A disability annuitant who retired from a GS-9 full-time position is awarded OWCP benefits. Later, the annuitant is reemployed in a permanent, full-time GS-9 position, and the OWCP benefits are terminated. OPM finds the reemployed annuitant recovered from his or disability three months after reemployment. Ten months later (sufficient time for a CSRS employee to meet the one-year-out-of-two requirement), if the employee met the age and years of service eligibility, he or she would be eligible for retirement. The period of separation spent in receipt of OWCP benefits is creditable in determining entitlement to the benefit.

(4) **Disability Annuitant Age 60 or Over.** A disability annuitant, age 60 or over, may only be found recovered on his or her own request. However, an annuitant's request cannot form the sole basis for a recovery finding. There must also be evidence of medical recovery or equivalent employment.

(5) **Not Found Recovered/Restored by OPM**

(a) **Disability Annuitant.** If the disability annuitant/OWCP recipient is not found by OPM to be recovered or restored, he or she is treated differently when reemployed. In these instances, the reemployment service is governed by the provisions of the law covering reemployed

annuitants. Thus, the period of separation during which the individual received OWCP benefits (instead of a disability annuity) is not creditable unless he or she is reemployed for five continuous full-time years (or the part-time equivalent) and elects a redetermined annuity. To qualify for a redetermined annuity, an annuitant must actually serve the equivalent of five years of full-time service. This entitles the annuitant to recomputation of his or her annuity, as of the date of the later separation, crediting all prior service. If the annuitant is not employed for the equivalent of 5 years of full-time continuous service, he or she would be eligible for a supplemental annuity. To qualify for this, an annuitant must actually serve the equivalent of one year full-time, continuous service in the reemployed position.

Part-time service is prorated. This would entitle the individual to an additional sum of money, added on to the original annuity, proportionate to, and giving credit for only the actual time served. No credit is given for the period in receipt of OWCP benefits for a supplemental annuity. A non-recovered disability annuitant must earn a redetermined annuity to credit post-retirement time spent on the rolls of OWCP.

NOTE: Upon receipt of verification of an annuitant's reemployment, OPM reviews the records to determine the effect, if any, on the individual's continuing eligibility for benefits based on disability. However, continued payment from OWCP for loss of wage-earning capacity is prima facie evidence that the person is not recovered. In such cases, OPM will not make a finding of recovery unless there is contravening medical evidence.

(b) **Non-Disability Annuitant.** The reemployment status of a non-disability annuitant is determined by the provisions of 5 U.S.C. 8344 or 8468 (reference (e)).

1 If the individual's right to an annuity continues during reemployment, the individual cannot credit a period of separation during which he or she received OWCP benefits unless he or she is reemployed for five continuous full-time years (or the part-time equivalent) and elects a redetermined annuity.

2 If the individual's right to annuity ceases upon reemployment in a covered position, the period of separation during which he or she received OWCP benefits is not creditable unless he or she establishes a new annuity right based on reemployment service. (Under CSRS, this would require that the employee meet the "one-out-of-two" requirement.)

b. **OPM Notification Upon Reemployment.** OPM should be notified immediately when an annuitant is reemployed.

J. FRAUD AND ABUSE

1. **Fraud and Abuse Explained.** The purpose of this section is to provide injury compensation personnel with general criteria to apply in identifying and documenting suspected fraud and abuse in the FECA Program. This section also establishes a uniform procedure for referring suspected claims to the DOL Inspector General (IG) and/or other investigative services.

a. **Fraud and Abuse Program Objectives**

- (1) To reduce compensation costs resulting from fraudulent and abusive claims.
- (2) To assist ICPAs in obtaining evidence regarding employees who may be defrauding or abusing the FECA.
- (3) To properly document and to follow through with appropriate action. Such actions may include (but are not limited to):
 - (a) Disciplinary action;
 - (b) Advising OWCP for administrative action;
 - (c) Referral to DOLIG or other investigative services; and,
 - (d) Appropriate prosecution in the criminal court system.

b. **Fraud and Abuse Defined**

(1) **Fraud**. The intentional deceptive act, or series of acts, committed by an individual with the specific intent to cause the Department of Defense or OWCP to grant benefits under FECA that would not normally be provided. Example: Faking an injury, concealing the fact that an injury occurred off duty, failing to report other employment, etc.

(2) **Abuse**. Excessive, extravagant, or wrongful use of FECA in a manner contrary to its legal intent in order to acquire additional benefits for personal gain. Example: Prolonging the length of recovery period caused by a job-related injury.

NOTE: Although the terms "fraud" and "abuse" are related, they are not interchangeable. Anytime employees apply for, or receive, FECA benefits to which they are not entitled, they may be abusing FECA. It may be because the employees have an ignorance of the law and its provisions or because they believe that they are genuinely entitled to those benefits. When employees knowingly apply for FECA benefits that they know they are not entitled to, they are committing fraud. The key difference between fraud and abuse is intent. Abuse may not always be fraud, but fraud is always abuse.

2. **Detecting Fraud and Abuse Claims**

Fraud and Abuse Indicators and Warning Signals. In processing or reviewing a compensation claim file, several warning signals or indicators of fraud or abuse can be found. The existence of these signals or indicators does not prove fraud or abuse. They do indicate, however, that the facts surrounding a particular claim merit further inquiry or investigation. (This list is illustrative and not all inclusive. Refer to Figure 810-60.) Several warning signals or indicators of fraud or abuse have been identified and are listed below:

- a. Employee regularly participates in physically demanding activities (sports, farming, military reserve duty, etc.);
- b. Medical treatment or documented diagnosis is not consistent with the nature of the claimed injury;
- c. Employee changes physicians for unexplained or irrational reasons;
- d. Employee has secondary employment (injury may have been caused by the secondary employment);
- e. Injury occurs at start of duty Monday, end of duty Friday, or immediately before or after scheduled leave or a holiday;
- f. Injury occurs after notification or announcement of functional transfer, reduction-in-force or base closure;
- g. Injury occurs near termination of temporary employee tenure;
- h. Injury occurs after a leave request is denied (obtain a copy of the SF-71, "Application for Leave," or a signed statement from the supervisor or person denying the leave request);
- i. Employee has a history of leave abuse (obtain copies of payroll leave and attendance records);
- j. Employee has a history of personal or financial problems;
- k. Employee fails to identify witnesses although the injury occurred in an area where it should have been observed;
- l. Witnesses provide incriminating statements;
- m. Employee falsifies or alters forms;
- n. Injury occurs during the first pay period of employment;
- o. Injury occurs when disciplinary action is pending;
- p. Payments were made to physicians without medical reports to substantiate the payments as related to the accepted injury;
- q. Filing of claim is not timely and employee is not sure of data such as date and time of injury. Compare statements of employee, supervisor, witnesses, and treating physician;

- r. Employee changes description of how injury occurred;
- s. Employee has concealed information regarding a previous injury, physical condition, or a medical problem;
- t. Stated disability is inconsistent with the requirements for total disability (look for sprains, cuts, back injuries, and repeated injuries);
- u. Chargeback bill or case file shows little or no medical payments during the billing period, yet employee is on long-term compensation.

3. Actions and Procedures when Fraud or Abuse is Suspected

a. **Identify Suspect Claims.** In suspect cases, appropriate officials (a joint effort of the immediate supervisor, safety specialist, and ICPA) should answer the questions in Figure 810-69 and then determine the proper course of action. Officials should closely scrutinize the claim for possible referral to the agency's investigative service such as Office of Special Investigation, Naval Criminal Investigative Service, or others. Officials should refer only those claims for further action for which there is strong probable cause to believe fraud or abuse is present.

b. Procedures for Referral to DoD Component Investigative Services

(1) When the ICPA determines that a claim requires internal investigation, he or she prepares a letter for the installation or activity commander's signature (the appropriate requesting authority for investigative services), has it signed, and forwards it to the DoD Component investigative service. The ICPA will retain a copy of the referral request, with any documented evidence, in a separate jacket or file folder (**THESE DOCUMENTS WILL NOT BE MAINTAINED IN THE CASE FILE**). The request should contain the basis for referral and copies of any relevant documents.

(2) The investigative service shall furnish an original report to the installation or activity commander. Normally, the security police force will be the focal point for receiving, controlling and routing reports of investigation to action offices (commander, base legal, etc.). The ICPA will coordinate with security police to assure access to the reports.

(3) In cases in which preliminary review indicates that additional investigation would be unproductive, the investigative services refer the matter back to the ICPA for any administrative action deemed appropriate. The case may be resubmitted for investigation if changes in the material facts surface.

(4) The ICPA maintains contact with the security police force concerning injury compensation investigations and, at least at quarterly intervals, requests the status of FECA claims under investigation.

c. **Advising OWCP of the Investigation (or Referral)**. The ICPA should forward the normal claims package to OWCP within the specified time limits. He or she should not delay it because fraud or abuse is suspected and the claim is being referred to or is already under investigation by the investigative services.

(1) In some cases, the preliminary investigation may eliminate suspicions and prove the claim to be legitimate. It is not necessary to routinely advise OWCP of a referral of a claim for investigation.

(2) If it becomes necessary to advise OWCP that a claim is under investigation, the ICPA should do so by separate letter. The letter to OWCP should include a statement such as: "This letter and other information about the agency investigation must be kept in a separate jacket or file folder separate and apart from the claimant's OWCP case file."

(3) The ICPA should ensure that installation records concerning investigations are kept in a locked cabinet or safe, separate and apart from the employees' case files.

K. THIRD-PARTY LIABILITY

1. General Third-Party Liability Information

a. **Purpose**. This section deals with on-the-job injuries to DoD employees caused by persons or organizations other than the United States and its agencies.

b. **Objectives of Pursuing Third-Party Claims**. The DoD objectives are to ensure that all third-party claims are properly identified before submitting them to OWCP and to ensure that all government funds paid for a job-related injury caused by a third party are recovered to the maximum extent possible.

c. Background on the Government Subrogation Interest

(1) When the circumstances of the employment-related injury create a legal liability upon a third party other than an employee or activity of the Federal Government to pay damages, the Government has a subrogation interest (that is, the right to recover any payments it makes should the claimant collect money or other property in satisfaction of that liability because of a suit or settlement from another source). There are some situations when a Federal employee may be considered a liable third party. For example:

(a) Two employees are involved in an altercation while on duty, causing injury to one employee, but the altercation was in no way connected with the performance of duty,

(b) While in the performance of duty, an employee's personal auto hits and injures another employee while the latter is driving a car, riding a bicycle, or walking on the activity's premises, or off premises and engaged in the performance of duty.

(2) Third-party claims include injuries caused by individuals and products. For example, if a piece of office furniture, such as a chair, is defective and causes an injury, the manufacturer may be sued. The ICPA or the supervisor should include any information regarding possible third-party claims when submitting claims materials, including the name and address of the third party (person or manufacturer).

(3) While an action or suit is pending against the third party, OWCP shall provide the full range of medical and compensation benefits authorized by FECA. The employee (or dependents in the case of a fatal injury) may retain 20 percent of the net recovery (the total sum minus the settlement costs) of any third-party settlement. The Government is entitled to any remaining portion to offset the costs of the FECA entitlement.

If the amount of FECA benefits paid is greater than the Government's portion of the recovery, the entire remainder is paid directly to OWCP and then credited to the agency through the chargeback system. A surplus exists if the amount of FECA benefits paid is less than the Government's portion of the recovery. Although the employee may keep this surplus, he or she will not be entitled to further FECA benefits until the surplus amount is absorbed. OWCP will resume payment of compensation benefits and medical bills only after the employee has submitted claims equaling the amount of the surplus. (Refer to figure 810-61 for a sample recovery statement and instructions used by OWCP personnel.)

(4) An employee who sustains a job-related injury cannot recover damages from the United States for the effects of injury through FECA. An employee who refuses to prosecute an action in his or her own name against the responsible third party, after being asked to do so by DOL, may be denied compensation.

2. Third-Party Claim

a. **Identify the Third-Party Claim.** Upon receipt of Forms CA-1 or CA-2, the ICPA should review it to decide if a third party was involved. If so, the ICPA should determine whether the third party might be legally responsible for the injury. Examples where a third party may be liable include:

- (1) Motor vehicle or aircraft accidents;
- (2) Accidents involving tripping, slipping, and falling on sidewalks, steps of non-federal property (or property leased by the Federal Government);
- (3) Accidents involving defective machinery, tools and equipment (includes office-type equipment);
- (4) Exposure to asbestos;
- (5) Negligence by a contractor or manufacturer.

b. **Actions Required.** After identifying a potential third-party claim, the ICPA:

- (1) Determines if the employee's supervisor, safety office, security police, local police, or any other organization investigated the incident. If so, obtains a copy of the report and the investigative file;
- (2) Includes the following items:
 - (a) A detailed written statement by the injured employee concerning the circumstances of the incident. Also, include statements from witnesses or other persons who may have pertinent information;
 - (b) The name, address, and telephone number of the third party; and,
 - (c) A detailed description of the place where the incident occurred (including a diagram) and all the circumstances concerning the incident;
- (3) Upon obtaining the above information, sends the original to OWCP with a copy to the activity's legal representative and to the cognizant district DoD liaison; and,
- (4) Monitors the progress of DOL's action and obtains periodic status reports from OWCP until the case is closed. Cases closed without payment from the third party (or the employee) should be reported to the servicing liaison.

3. **Prohibitions in Third-Party Cases**

a. **Prohibition Contained in FECA.** 20 CFR Chapter 1, paragraph 10.507 (reference (d)) of FECA states in part: "No court, insurer, attorney, or other person shall pay or distribute to the beneficiary or his designee the proceeds of such suit or settlement without first satisfying or assuring satisfaction of the interest of the United States."

b. **Advising the Employee.** The ICPA should advise the employee that he or she should initiate action to recover damages from the responsible party and that FECA prohibits him or her from accepting the proceeds of a settlement without first satisfying the interest of the United States. Before reaching a settlement, the employee or the employee's representative should contact OWCP. If the claimant does not wish to initiate action to recover the damages, he or she should be encouraged to assign the right to DOL to recover damages.

4. **Referral to Activity Legal Department**

a. **When to Refer.** If there is an indication that neither the employee nor DOL intends to pursue the third-party aspect of the case, the ICPA should refer the following information to the activity's legal department:

- (1) Name of the employee;

- (2) Social Security Number;
- (3) Date and circumstances of injury;
- (4) Address of employee;
- (5) Name and address of third party; and,
- (6) Dollar amount of expenditures for medical bills, compensation, etc.

b. **Questions to be Resolved.** The CPO/HRO should request a response to answer the following questions:

- (1) Is the third-party liable?
- (2) Does the activity's legal department agree with the intention not to pursue the third-party aspect?
- (3) If the answer to b.(2) above is negative, what action can be or should be taken to protect the DoD's interest?

c. **Continuation of Pay (COP).** COP is not considered compensation; therefore, the cost of COP cannot be recuperated in a third-party claim.

L. THE INJURY COMPENSATION CHARGEBACK SYSTEM

1. **Itemized Chargeback Listings.** The purpose of this section is to provide general information about the DOL chargeback system, coding procedures, the DOL Chargeback Billing Lists and FECA Monthly Table 2 Statement, and the Defense Injury/Unemployment Compensation System (DIUCS). The letters provide guidance for use by ICPAs in validating and verifying the billing lists and monthly statements.

2. The DOL Chargeback System

a. **The Chargeback System Explained.** The Chargeback System is the way in which costs of compensation for work-related injuries and deaths are assigned to employing agencies annually at the end of the fiscal accounting period, which runs from July to June for chargeback purposes. OWCP furnishes the agency with a statement of payments made for that agency's injured employees. (The term "employee" includes individuals receiving FECA benefits who have been separated from DoD rolls.) CPMS is responsible for providing coding information and assigning chargeback codes to DoD Components.

b. Chargeback Codes

(1) The chargeback code consists of six characters (four numeric and two alpha). The numeric characters designate the branch of service incurring the charges. The two letter alpha characters designate the servicing CPO/HRO (or reporting office). It is crucial that ICPAs ensure the six character code is annotated on Forms CA-1, Block 17; CA-2, Block 19; and CA-6, Block 6, before sending to OWCP.

(2) The DoD Components will also identify installations or activities with a Unit Identification Code (UIC) and will place this information in the OSHA site code block on Form CA-1, CA-2, etc.

c. Correcting the Chargeback Code. To prevent incorrect chargeback codes from appearing on the quarterly chargeback bills, ICPAs should identify coding errors and request corrections as quickly as possible to OWCP through the district liaison (figure 810-62).

(1) The first opportunity to identify an incorrectly assigned chargeback code occurs upon receipt of Form CA-801, "Acknowledgment of Receipt of Claim." ICPAs should immediately review the Form CA-801 and promptly report (in writing) any errors to the DoD servicing liaison who will effect the correction with the OWCP. If the CPO/HRO does not come forward at this time, OWCP will assume the chargeback code is correct and bill any costs associated with the case to that activity's account. No additional documentation is required if OWCP is immediately notified of the error. If the ICPA fails to find or report the error within 60 calendar days, additional documentation is required to support the request for a change.

(2) If an error appears on the quarterly chargeback bill, and the ICPA can identify the owning activity, the ICPA should confirm ownership with the claimant's employing activity's ICPA. A written request for correction should be forwarded to the district DoD liaison with an information copy sent to the owning activity ICPA. The letter should contain a statement that ownership identification had been coordinated with the owning activity ICPA. Disagreements that cannot be resolved will be referred to the DoD liaison for resolution. Disagreements that cannot be resolved with the DoD liaison's assistance will be referred, in writing, to CPMS, Injury Compensation and Unemployment Compensation (ICUC) Division.

(3) ICPAs should make every effort to establish the proper chargeback for disputed claims. It may be necessary to send an inquiry to the Federal Records Center and/or request the DoD liaison to review the case file at the OWCP district office (see figure 810-63 for sample request).

(4) When possible, the ICPA should include the full six character code (four numeric and two alpha) for all changes within the Department of Defense and for changes to other Federal agencies. Requests for changes outside an agency should include proper documentation. For example, include a copy of the SF-50 showing who the claimant worked for at the time of the injury. While there is no need to provide supporting documentation to OWCP when requesting a code change from one activity to another within a DoD Component, activities should ensure that

any disagreements in code changes have been resolved within the DoD Component according to paragraph (2) above, before requesting OWCP to make a change.

(5) If the evidence establishes that the case belongs to another agency, the OWCP district office will send a copy of the Form CA-1 or Form CA-2 and other appropriate documentation to that agency. If the activity disputes ownership of the case, it will have 60 calendar days to provide evidence before the code is changed.

d. DoD Injury/Unemployment Compensation System (DIUCS)

(1) Provides a standardized and automated approach to managing employee injury and unemployment compensation claims throughout the Department of Defense. The system consists of a centralized database of key personnel, payroll, and DOL case management and payment information about each individual claim filed by DoD employees. Access to the system is through an on-line, menu-driven, graphical user interface that provides a quick and easy availability of the information stored in the central database. DIUCS consists of a software application known as the Injury Compensation (IC) module. The user can determine the status of a particular claim filed with DOL, identify the number of claims and types of injuries filed, determine what medical payments and compensation has been paid, identify erroneous claims, dual payments and overpayments, produce standard reports, and reconcile DOL chargeback billings.

(2) DIUCS gives the user quick and easy access to data through screen and report features that utilize menu bars, icons, buttons, scroll bars, dialogue boxes, status lines, and pop-up windows. The graphical user interface selected for the DIUCS is designed to minimize data entry and provide sufficient on-screen information that makes it unnecessary to rely on a printed operational manual for direction or information. Multiple screens are used to display information in a standardized format. Screens can be moved, resized, overlaid and viewed simultaneously. The user creates cases or retrieves information by entering a social security number, date of injury or claim number. System security is maintained through a series of logins, passwords and assignment of access levels. The DIUCS will be maintained in CPOs/HROs and secured at all times.

3. DOL Chargeback Billing List

a. **The Chargeback Bill Explained.** The headquarters office of DOL prepares the chargeback listings. The listings are issued to the activity quarterly and are cumulative for the chargeback fiscal year i.e., July 1 through June 30. The lists include all disbursements or recovery transactions made in the expense period, e.g., the FY93/94 or March 1994 list includes all transactions from July 1, 1993 to March 31, 1994. The fourth quarter listing covers all cases and represents the detail backup to the "chargeback bills" rendered for the full fiscal year. The interim quarterly reports (or listings) provide early notification of cases and payments that allows early verification and correction before the final bills are issued. NOTE: Not all the DoD Component ICPAs routinely receive this report, but rely on the DoD Component specific reports to track costs.

b. Command Verification and Validation of Cases Listed on the Chargeback Bill.

Upon receiving a chargeback bill (see figure 810-64), the Command ICPA shall review for accuracy. If a case appears to contain errors, the reporting CPO/HRO is contacted for further information.

c. Validating the Payments Charged Against the Claim. Figure 810-64 lists 15 claimants. A review of the employee case files and queries to the DIUCS reflect the following:

(1) Employee A does not send medical bills through the CPO/HRO but expenses appear to be reasonable. Compensation payments are correct;

(2) Employee B's medical expenses were submitted through the CPO/HRO and agree with the ICPA's records. However, the claimant has no dependents after the death of his spouse in May 1993 and it does not appear the rate of compensation has been adjusted to 66 and 2/3 percent. The ICPA had assisted claimant in preparing notification to OWCP of the death of his spouse. An overpayment exists; therefore, the ICPA must request correction by OWCP, or request DoD liaison assistance in obtaining the change;

(3) The new claims indicated by asterisks are compared to those claims in the DIUCS and all are employees of the activity with the exception of Employee C. A check with civilian personnel records does not show that she is a current or past employee of DASC; however, a further search discloses she is an employee of DeCA serviced by the DASC CPO/HRO. A check of the compensation file indicates an erroneous chargeback code was entered on the Form CA-1. A letter requesting correction is sent to OWCP, via the DoD liaison; or,

(4) All of the medical expenses indicated on the chargeback billing list agree with the ICPA's records except those for Employee D who had surgery for her back condition in June. The ICPA forwarded the hospital bills to OWCP but they were not processed by the end of the quarter. A query in DIUCS shows the bills were paid in July and will be reflected on the next chargeback listing.

4. FECA Monthly Statement, Table 2

a. The Monthly Statement Table 2 Explained. The Monthly Statements are produced by the DOL and provided to all agencies for verification and audit. They are used by Federal Agencies and the Occupational Safety and Health Agency (OSHA), Office of Federal Agency Programs, to measure rates and injury trends. As new cases are assigned numbers, they are included in the "Table 2" statement as new injuries (or "case creates"). They are then counted against the activity or installation as reportable injuries. Coding errors distort the number of reportable injuries which activities must investigate and report under OSHA reporting requirements and may count against activity goals to reduce the number of new injuries, the number of paid cases, and annual chargeback costs.

b. **Verifying and Auditing of Cases Listed.** ICPAs should ensure that the monthly listing is reviewed for erroneous chargeback codes and other errors using:

(1) Guidance provided in Sections 3(b) and 3(c) above for verifying and validating the DOL chargeback bill;

(2) Figure 810-65, "Sample FECA Monthly Statement with Explanation";

(3) Figure 810-66, "List of Occupational Codes" (these apply only to injuries before 1986);

(4) Figure 810-67, "Nature of Injury Codes";

(5) Figure 810-68 "Anatomical Location of Injury Codes";

(6) Figure 810-69, "Extent of Injury Codes"; and,

(7) Figure 810-70, "Fatal Indicator Codes."

5. **Getting the Errors Corrected.** Once the ICPA identifies a chargeback coding or cost error, it is his or her responsibility to take immediate action to ensure that it is corrected; and, as applicable, refer to the DoD liaison. As an example, an agency (Agency A) has through April 30 after the end of the last DOL fiscal year (June 30) to transfer costs to another agency (Agency B). Agency A will receive one year's credit for the transferred cases and Agency B will be charged for these transferred cases. Requests made for transfer of costs after April 30 will not be honored that year. Therefore, it is critical that chargeback adjustments be made expeditiously. A sample letter requesting "correction of errors or changes" are at figures 810-62 and 810-63.

NOTE: The Injury Compensation Program expense period runs from July 1 through June 30. Before August 15 of each year, the DOL must provide each agency a statement showing the total cost of benefits made by the DOL for employees or individuals under the jurisdiction of the agency for the preceding expense period. In accordance with 5 U.S.C. 8147 (reference (a)), the data in these statements are to be used by the agency to budget for the next calendar year (EXAMPLE: Injury Compensation costs incurred during the period July 1, 1994, through June 30, 1995, will be budgeted for and paid with FY 97 funds). Payments are due to the DOL within 30 days of fiscal year budget's enactment.

M. MISCELLANEOUS PROVISIONS

1. Hearings and Review

a. **Rights to Hearing.** 5 U.S.C. 8124 (reference (a)) provides that if a claimant is not satisfied with OWCP's formal decision, he or she is entitled to a hearing with an OWCP representative if:

- (1) A reconsideration has not already been requested; or,
- (2) The request for the hearing is made within 30 calendar days after the date the decision is issued.

b. **Notice of Hearing.** The OWCP Branch of Hearings and Review shall notify the claimant and the servicing activity of the hearing, including the date, time, and place. The notice shall include a statement noting whether an employing agency representative will attend the hearing, and a questionnaire for the ICPA to complete and return to the OWCP.

c. **Role and Responsibility of the ICPA**

(1) After receiving notice of the hearing, the ICPA should review each case to decide whether attendance at the hearing is necessary.

(2) If attendance of a representative is warranted, the representative should become thoroughly familiar with the facts and issues involved in the case; review all information related to the case and any other matters pending, such as grievance, arbitration, Merit System Protection Board actions; and be prepared to testify at the hearing. However, the primary role of the representative is that of an observer without the right to question the claimant or make any argument. The OWCP hearing representative may make a specific request for the employing agency representative to give oral testimony based upon the claimant's evidence. The claimant or his or her representative may also cross-examine the employing agency's representative.

(3) If the scheduled OWCP hearing appears to involve a question of legal interpretation of FECA or related legal matter, the employing agency representative should contact the activity's legal services for assistance or participation at the hearing.

d. **Transcript of Hearing**

(1) OWCP will provide a copy of the hearing transcript when the ICPA makes an official request. The ICPA may obtain a copy of the transcript by completing the questionnaire attached to the hearing notice or by written request at the hearing.

(2) Upon receipt of the transcript, the ICPA should review the transcript and provide any additional evidence or comments within the 15-day period allowed by DOL. (See FECA Procedure Manual, Chapter 2-1601 (reference (n)) for full details.)

2. **FECA Coverage Under Special Performance of Duty Circumstances**

a. **Recreational Injuries**

(1) **Recreational Injuries Sustained in the Performance of Duty.** In general, there are two types of recreation -- formal and informal. Recreational injuries are determined on a case-by-case basis.

(a) Formal recreation refers to an organized activity for which an employee is paid or is required to perform as part of training or assigned duties. To be eligible for coverage, the employee must show that the employer materially and clearly benefited from the activity; the employer materially contributed to the activity through donating space, money, or work time; or the employer encouraged participation in the activity.

(b) Informal recreation can be illustrated by a group of employees who, while on their lunch hour and on the premises, play catch with a ball or a frisbee. Coverage ordinarily exists under such informal on-premise circumstances; however, informal recreation off the premises is usually not covered.

(2) **Other Recreational Injuries.** In some cases, other recreational injuries may be covered. The ICPA should provide answers to applicable questions listed below and any other available pertinent information with the employee's Form CA-1 or Form CA-2.

(a) Was the employee's participation voluntary?

(b) Was he or she paid for participating?

(c) Was the employee ever excused from work to play or practice during scheduled workhours?

(d) If the employee refused to participate, would the employee be penalized with respect to security of employment, advancement, or other personnel matters?

(e) Was the recreational activity designed for the welfare, convenience, pleasure, or morale of the employee, or to meet a specific need of the employer?

(f) What benefit did the employer accrue from the employee's participation?

(g) Was the employee encouraged to join the activity? By whom? How?

(h) Did the employee's participation in the activity violate any rules or regulations of the employer? If so, these should be explained including the manner in which the rule or regulation was enforced.

(i) Did the injury occur during the employee's regular working hours? If no, explain.

(j) What leadership, equipment, or facilities did the employer provide for the activity?

(k) Was the recreational activity officially sanctioned or sponsored by the employer?

(l) What type of funds were used to pay for uniforms and equipment?

(m) What control did the employer have over the activity or organization or funds sponsoring the recreational activity?

b. Idiopathic Falls

(1) **Idiopathic Falls Explained.** An idiopathic fall is a fall caused by a personal and nonoccupational disease or illness of the employee, such as a heart attack, fainting spell, or epileptic seizure, which is not work-related. The supervisor and ICPA should give special attention to these cases. Injuries caused by such conditions are not covered by FECA, unless there is some intervening employment-related cause. Examples of coverage include:

(a) When falling to floor, the employee hit the corner of a desk causing a head injury; or,

(b) A firefighter suffered a heart attack and fell to the floor while rescuing an individual from a burning building.

(2) **Special Evidence Required.** In these type cases, the ICPA obtains appropriate evidence from the employee, the supervisor, witnesses, and all attending physicians. The evidence should show clearly whether the employee fell to the supporting surface (floor); or whether some special condition, hazard or working condition, or factor of employment contributed to or intervened as a cause of the injury. If some factor of the workplace intervened or contributed to the injury resulting from the fall, the employee has coverage for the results of the injury, but not for the idiopathic condition that caused the fall.

(3) **Idiopathic Falls Versus Unexplained Falls.** A distinction should be made between idiopathic falls and those that are merely unexplained. If a fall cannot be shown to have been caused by an idiopathic condition, but is simply unexplained, it is compensable under FECA if it occurred in the performance of duty.

c. **FECA Coverage While in Official Travel Status.** When an employee is on a temporary duty assignment away from his or her regular place of employment, he or she is covered by FECA 24-hours a day with respect to any injury that results from activities essential or incidental to the temporary assignment including securing meals and using lodging facilities. However, when the employee deviates from the normal incidents of his or her trip and engages in activities, personal or otherwise, which are not reasonably incidental to the duties of the temporary assignment, the employee ceases to be under the protection of FECA and any injury occurring during these deviations is not compensable.

EXAMPLES: Employee A on travel status finishes a meeting, returns to the hotel, and hurts her knee while playing basketball with co-workers. An injury such as this would probably not be covered under FECA. Employee B, in travel status, falls in the hotel shower, and is injured; the

injury would be covered under FECA. Employee C injured on a sightseeing trip in the city to which she was assigned, would not be covered. However, Employee D, on a 14-day assignment to another state, travels 150 miles to visit his mother during the weekend. En route, he is severely injured in a car accident. A claim would be denied in this instance because the employee was not engaged in normal activity in the locality indicated by travel orders.

d. **Consequential and Intervening Injuries**

(1) **Consequential and Intervening Injuries Explained.** Under certain circumstances, an injury occurring outside performance of duty may affect the compensability of an already accepted injury. A consequential injury is one that occurs because of weakness or impairment caused by a work-related injury and it may affect the same part of the body as the original injury or a different area altogether. For instance, a claimant with an accepted knee injury may fall at home because the weakened knee has buckled. This incident will constitute a consequential injury whether the affected part of the body is the knee or another area, such as the back or arm; or a claimant with an injured eye may compensate for loss of functioning by overuse of the other eye that may result in a consequential injury. An injury occurring outside the performance of duty to the same part of the body originally injured is termed an intervening injury if compensation is claimed following the second injury. It must be decided whether the disability is attributable to the second injury alone, or whether the effects of the first injury still contribute to the disability. Unless the second injury breaks the chain of causation between the original injury and the disability claimed, the disability will be considered related to the original incident.

(2) **Evidence Required.** The employee should explain the details of the second injury and give reasons for believing that second injury is connected to the first. He or she must furnish a medical report on the second injury that includes an opinion concerning the relationship between the two injuries.

3. **Coverage for Reserve Officers Training Corps (ROTC) Members.** ROTC members are covered under 5 U.S.C. 8140 (reference (a)). Expenses incurred are not billed back to the activity, but paid by separate appropriations to the Fund.

a. **Conditions of Coverage.** ROTC members are:

(1) Not covered 24 hours a day;

(2) Not entitled to continuation of pay;

(3) Covered because of an injury incurred in the line of duty and only if it is the proximate result of the performance of military training or travel to or from the training;

(4) Only covered during prescribed field training exercise (cadets must actually be participating); and,

(5) Are not covered if injuries occur during nontraining exercises (e.g., recreational time).

b. **Responsibility of the Military Official.** Normally, the military official in charge of the ROTC members is responsible for processing claims and counseling cadets. The military official:

(1) Provides a line of duty determination citing appropriate statutory authority in support of the determination.

(2) Normally, would not issue a Form CA-16; however, he or she may issue the form. NOTE: Since issuance of the Form CA-16 obligates the government, the military official should only issue the Form CA-16 when he or she believes the injury was in the performance of duty.

(3) In cases where the military official's opinion shows that the injury was not in the "performance of duty," he or she informs the cadet of the cadet's right to file a claim; and,

(4) Informs the cadet that the claim would normally be disallowed by OWCP; and,

(a) Filing a claim could cause undue delay in receiving benefits from his or her health insurance carrier; and,

(b) Health insurance carriers will not pay benefits until they receive official denial of the claim from OWCP, which normally takes over three months. (This could cause financial hardship for the cadet since medical providers will expect payment promptly.)

c. **Special Processing Required.** All claims filed by ROTC cadets are adjudicated by the Office of Special Claims and are subject to review by the Secretary of Labor. The military official should:

(1) Send claims filed with OWCP by ROTC cadets to: Office of Workers' Compensation Programs, Room 800, 800 North Capital NW, Washington, DC 20211; and,

(2) Send Forms CA-1 with no medical expenses and no lost time to the appropriate file custodian at the college or university the cadet is attending for filing as a permanent record in the cadet's official military personnel records.

4. **Federal Employees' Health Benefits (FEHB)**

a. **Federal Health Benefits Explained.** Enrollment of employees, as well as their surviving beneficiaries, continues when they enter on the OWCP compensation rolls, provided they meet the requirements.

b. **Requirements Employees Must Meet to Continue Enrollment.** If a compensation recipient is covered under the Federal Employees' Health Benefits Program at the time of injury,

the health benefits coverage will continue as long as compensation is payable. Temporary Continuation of Coverage (TCC) of Health Benefits Insurance is not available to employees who have an entitlement to compensation benefits. Further, it is not available to employees who lose their coverage because their compensation terminates.

c. **Determination of Eligibility.** If the employee appears eligible to continue enrollment, show the enrollment code and the ending date of the pay period in which deductions were last made on the Form CA-7. If the employee is not eligible to continue enrollment, note on the Form CA-7 that the employee is "Not eligible to continue health benefits."

d. **Transferring Enrollments to OWCP**

(1) Enrollments are transferred to OWCP when one of the following events occurs:

(a) OWCP requests the transfer;

(b) Ten months of leave without pay have elapsed without OWCP having requested transfer; or,

(c) The employee separates before OWCP requests the transfer (see figures 810-71 and 810-72 for Sample Transfer Letters).

(2) A copy of the transfer of health benefits must be forwarded to the servicing payroll office for their files.

e. **Withholdings and Contributions by OWCP**

(1) OWCP makes withholdings and contributions regardless of whether the enrollment is transferred to OWCP.

(2) Withholdings and contributions begin the date compensation begins or the date following the date the employing agency's withholdings and contributions ended, whichever is later. EXCEPTION: OWCP does not make withholdings and contributions when the employee receives compensation for fewer than 29 days. In such a case, the employee is responsible for paying his or her share of the enrollment cost and the employing agency is responsible for paying its share.

f. **Transferring the Enrollment Back to the Agency**

(1) The enrollment of a claimant who was transferred to OWCP is transferred back to the employing agency when the employee returns to full-time duty and pay status (provided, of course, that the claimant is eligible for continued coverage as an employee).

(2) If the claimant is not eligible for continued coverage as an employee, either OWCP or the employing agency must terminate the enrollment.

(3) If the claimant returns to duty on a part-time basis, the enrollment continues with OWCP for as long as compensation payments continue. NOTE: In this case, the individual is receiving both compensation and salary.

g. Reporting Enrollment to OWCP

(1) When reporting the compensable injury or illness on OWCP Form CA-7, the ICPA must indicate whether the employee was enrolled on the date pay stopped. If the employee was enrolled, the enrollment code and the ending date of the pay period in which insurance withholdings were last made must be shown.

(2) If OWCP determines that the employee will be receiving compensation for at least six months, OWCP normally requests the employing agency to transfer the enrollment to OWCP.

(3) If the employee is separated before the employing office receives OWCP's request to transfer the enrollment, the ICPA must check with OWCP to determine the status of the compensation claim. If the compensation is to continue beyond the date of separation, transfer the enrollment to OWCP as explained in paragraph 4.d (above).

(4) If an employee makes any permissible change in enrollment before the employing office receives OWCP's request to transfer, the ICPA must notify OWCP by letter of the change and its effective date as soon as the change is received.

(5) If the employee is separated after the enrollment is transferred to OWCP, the ICPA must notify OWCP by letter of the separation so that OWCP will know how to dispose of the enrollment if compensation payments end.

h. Transferring the Enrollment When Requested by OWCP

(1) The ICPA will make the transfer by attaching all SF-2809's, SF-2810's, and any related health benefits documentation to the request form and returning it to OWCP (see Figure 810-71.)

(2) The ICPA should keep a copy of the request form in the employee's OPF to show that OWCP has the health benefits documentation.

(3) It is not necessary for the employing agency to complete an SF-2810 transferring the enrollment out. However, when OWCP receives the health benefits documentation, it must complete an SF-2810 transferring the enrollment in to OWCP.

i. Transferring the Enrollment When Not Requested by OWCP

(1) If the employee is being separated or the employee has been in nonpay status for 10 months and OWCP has not requested that the enrollment be transferred, the ICPA must check with the OWCP to determine the status of the OWCP claim.

(2) If compensation will continue beyond the date of separation or beyond the 365th day of continuous nonpay status, the ICPA must transfer the enrollment to OWCP by sending all SF-2809's and SF-2810's and any other health benefits documentation in the employee's OPF to OWCP by letter (see figure 810-72).

(3) It is not necessary for the ICPA to complete an SF-2810 transferring the enrollment out. However, when OWCP receives the documentation, it must complete an SF-2810 transferring the enrollment in to OWCP.

j. When Compensation Ends and the Employee Returns to Duty

(1) When compensation ends and the employee returns to duty, OWCP transfers the enrollment back to the employing agency by letter transmitting the health benefits documentation and giving the date compensation ended.

(2) If the employee's appointment makes him or her eligible for continued coverage, the ICPA completes an SF-2810 transferring the enrollment in to the agency. The effective date of the transfer is the day after compensation terminated.

(3) If the employee's appointment does not make him or her eligible for continued coverage, the ICPA completes an SF-2810 terminating the enrollment effective with the date compensation ended. A copy of OWCP's letter transferring the enrollment back to the employing agency must be attached to the carrier copy of the SF-2810.

(4) When an employee returns to duty on a part-time basis and compensation payments continue, OWCP keeps the enrollment and continues to make withholdings and contributions for the employee.

k. When Compensation Ends but Employee Does Not Return to Duty

(1) If compensation ends, but the employee does not return to pay status, the employee's coverage continues for 365 days after the date compensation terminates.

(2) If the enrollment had been transferred to OWCP, OWCP must transfer the enrollment back to the agency, and the ICPA must complete an SF-2810 transferring the enrollment in.

(3) The employee and the agency are responsible for paying the amount of the withholdings and contributions, just as they are for any other employee in nonpay status.

1. When Employee Returns to Duty Before Compensation Ends

(1) If an employee returns to duty on a full-time basis before OWCP terminates the compensation payments, the ICPA must notify OWCP using OWCP Form CA-3. In the remarks section show the beginning and ending dates of the pay period in which the employee returns to work.

(2) OWCP will discontinue withholdings and contributions with the beginning date of the pay period in which the employee returns to full-time duty and pay status.

(3) The employing agency must resume withholdings and contributions effective with the first pay period in which the employee returns to pay status.

(4) If the enrollment has been transferred to OWCP, OWCP must transfer it back to the agency as described in paragraph 4.j. above.

m. Employee Elects Retirement

(1) If an employee whose enrollment has been transferred to OWCP elects to retire and receive an annuity instead of compensation, the retirement system will ask OWCP to transfer the enrollment to itself.

(2) If the employee is still being carried on the agency rolls in a nonpay status, the employing agency must note on the "Individual Retirement Record" (SF-2806 or SF-3100) under "Remarks," "Health benefits enrollment transferred to OWCP," and send the form to the retirement system as usual.

n. Procedures for Survivors. The enrollment of a deceased employee continues for the surviving family members if the deceased employee was enrolled for self and family at the time of death and at least one of the covered family members must receive compensation as a surviving beneficiary under the Federal Employees' Compensation law.

o. If the Enrollment Was Not Transferred to OWCP

(1) If an enrolled employee dies and the enrollment has not been transferred to OWCP, the employing agency must determine whether there is a surviving family member who appears eligible to continue the enrollment.

(2) If there appears to be no eligible survivor, the agency terminates the enrollment.

(3) If a survivor appears eligible for continued coverage, the agency sends the health benefits documentation to the retirement system in the same way as for any other death-in-service case. If the survivor elects to receive compensation rather than survivor benefits, the retirement system will transfer the enrollment to OWCP.

p. If the Enrollment Was Transferred to OWCP

(1) If an enrolled employee dies and the enrollment has been transferred to OWCP, the employing agency must note on the employee's Individual Retirement Record (SF-2806 or SF-3100) in "Remarks" "Health benefits transferred to OWCP," and send the form to the retirement system as usual.

(2) OWCP determines whether there are survivors who are eligible and who want to continue the enrollment. If the survivors elect to continue to receive compensation, OWCP continues or terminates the enrollment as appropriate. If the survivors elect to receive survivor benefits instead of compensation, OWCP transfers the enrollment to the retirement system.

5. Federal Employees' Group Life Insurance (FEGLI)

a. **When an Employee Is on Continuation of Pay (COP).** No action needs to be taken on FEGLI; coverage, withholding, and contributions continue.

b. **When an Employee Is on Leave Without Pay (LWOP).** Basic life insurance and Accidental Death and Dismemberment (AD&D) coverage continues free of charge for 12 months. During the same period, the employee's optional insurance continues and the OWCP withholds the cost from compensation payments starting the first day of the pay period following the one in which withholding from pay ceases. The only exception occurs when an employee receives compensation for fewer than 29 days. In such cases, OWCP makes no withholdings or contributions; the employee and agency share the cost of enrollment. Form CA-7 and CA-8 are used to notify OWCP of optional insurance coverage and changes in basic pay that occur so that premium withholdings can be adjusted.

c. **When FEGLI Coverage Must Terminate.** When FEGLI coverage as an employee must terminate because of completion of 12-months nonpay status and the employee is:

(1) Not eligible to, or does not wish to, continue coverage as a claimant, the employing office terminates the enrollment in the same manner as any other employee in a nonpay status. To be eligible to continue FEGLI coverage after separation or 12 months of nonpay status, the employee must have been enrolled since his or her first opportunity or for five years immediately preceding the start of compensation; or,

(2) Eligible and wishes to continue basic and optional coverage as a claimant, the employing office would:

(a) Provide the employee a SF-2819, "Notice of Conversion Privilege";

(b) Complete a SF-2821, "Agency Certification of Insurance Status";

(c) Have the employee complete a SF-2818, "Continuation of Life Insurance Coverage as a Retiree or Compensation"; and,

(d) Attach SF-2818, all designations of beneficiary, and all life insurance elections to SF-2821 (Part 1) and send to OPM.

6. Transfer of Function

a. **Transfer of Function Explained.** If an agency or instrumentality (or part or function thereof) is transferred to another agency or instrumentality, the cost of compensation benefits and other expenses paid on account of the injury or death of employees of the transferred function is assumed by the gaining agency. The losing agency coordinates the transfer of function with the gaining agency.

b. **Notifying OWCP of the Transfer.** In order that costs be appropriately charged to the gaining agency or instrumentality, OWCP must be advised of the transfer of function and of the cases to be transferred to the gaining activity.

(1) The notification letter must contain the following information:

- (a) Effective date of the transfer;
- (b) Losing and gaining activity identified by name;
- (c) Losing chargeback code (six characters) and gaining chargeback code;
- (d) Address for the new servicing CPO/HRO;
- (e) Name and telephone number of a point of contact at losing and gaining activities;
- (f) Listing of claims to be transferred which includes case number, name, social security number, and date of injury.

(2) An information copy of the notification and listing should be provided to the gaining activity.

(3) The appropriate servicing DoD liaisons will effect the changes in chargeback codes at the district office(s). Refer to figure 810-66 for sample letter notifying the liaison of transfer of function and claims.

c. **Official Notification to the Gaining Activity.** After OWCP has received the transfer of function information from the DoD liaison, it will provide the names of the claimants affected by the transfer of function to the gaining activity. The gaining activity has 60 days to raise issues of case ownership.

d. **When Charges are Included in Chargeback Billing.** Charges to the gaining activity's chargeback account include all costs incurred during the OWCP billing period (July 1 through June 30) in which the transfer took place. This includes transfers effective on the last day of the billing period, June 30.

e. **Transfer of Activity Case Files.** The gaining activity must have comprehensive case records of the transferred claimants to exercise effective case management. Before shipping the case files to the gaining agency, the losing activity should screen case files to assure information critical to good case management is in the file.

f. **Restoration Rights When Function is Transferred.** If an employee is out of work due to compensable injury, and his or her function is transferred to another agency to which the employee would have been transferred had he or she been present, the employee has restoration rights to the gaining agency. The losing agency should notify the employee of the transfer and the location at which to apply for restoration. If the employee would not have been transferred with the function, he or she has restoration rights to the former agency.

g. **Management of Closed Installation Injury Cases.** Each DoD Component or DoD Component's major command will assign the injury cases of a closed installation to a successor CPO/HRO within the same component.

(1) The designated successor manager should be located, whenever possible, in the same OWCP District Office as the closed installation. Typically, case files, injury case management resources, and, depending on DoD Component FECA bill payment policy, the dollars required to pay for the end of the chargeback year costs associated with the cases will be transferred to the successor manager.

(2) Exceptions to g.(1) above may be made when fiscally and managerially appropriate. The appropriate DoD liaison will be informed of any such exception.

7. Reduction in Force (RIF) Situations

a. **Impact of RIF on Employees on the Compensation Rolls.** An employee who is on the compensation rolls is subject to reduction in force just like other agency employees and is entitled to whatever rights he or she would have to another job had the injury not occurred. Separation by RIF or for cause while on compensation terminates entitlement to credit for the subsequent period the employee continues to receive compensation and also means the individual has no restoration rights.

b. **Impact of RIF on Reemployed Claimants.** Reemployed claimants sometimes face removal from employment due to a RIF or the closing of an installation. The status of such employees with respect to receipt of further compensation benefits differs according to whether a formal LWEC determination has been made.

(1) When a formal LWEC has been determined and a Form CA-1048 or CA-1047 has been issued by OWCP, the claimant has the burden, with respect to any subsequent loss of earnings, to show that one of the accepted reasons for modifying an LWEC applies. These reasons are:

- (a) That the original LWEC rating was in error;
- (b) That the employee's medical condition has changed; or,
- (c) That the employee has been vocationally rehabilitated, either through vocational training or self-rehabilitation, and the wage-earning capacity has increased as a result. Therefore, the status of an employee with an established wage-earning capacity who is removed because of a RIF does not change regarding receipt of FECA benefits.

(2) When no formal finding concerning wage-earning capacity has been made, and the claimant has worked in the position for at least 60 days, OWCP may consider a retroactive LWEC determination. This is true even though the claimant is a federal employee, since general availability of the job need not be considered for a position actually held.

(3) If a retroactive LWEC determination cannot be made:

(a) The claimant files a Form CA-7 and is reinstated to temporary total disability until a second opinion medical examination establishes if there is a continuing injury-related disability.

(b) If no continuing injury-related disability is established, compensation is terminated.

(c) If injury-related disability is established, the claimant is placed on the periodic roll and if appropriate, referred to rehabilitation services. The claimant receives compensation on the basis of temporary total disability until his or her wage-earning capacity can be determined.

8. Voluntary Separation Incentive Program (VSIP).

a. In instances where an employing agency has offered separation pay ("buyout"), compensation must be suspended until such time that the number of weeks of compensation is equal to the total gross sum of the VSIP payment.

EXAMPLE: The amount of the VSIP is \$25,000. If 70 weeks of compensation is equal to \$25,000, the employee does not have entitlement to compensation for 70 weeks.

b. The combination of compensation pay and separation pay constitutes dual benefits; the two cannot be received concurrently. It is MANDATORY that when an employee in receipt of compensation benefits applies and is approved for a "buyout," the ICPA forwards a copy of the SF-50 to the DoD liaison and to the OWCP district office, indicating the amount of the "buyout" and effective date of separation.

GLOSSARY

Attendant Allowance - Additional money provided to an employee who has been so severely injured that he or she is unable to care for his or her own physical needs such as feeding, bathing, or dressing. This is payable in addition to compensation for wage loss, up to a maximum of \$1,500 a month.

Chargeback - The system of Department of Labor (DOL) billing the Department of Defense for payments related to the Office of Workers' Compensation Program (OWCP)-approved claims and then the Department of Defense charging those costs to the employing agency, or as otherwise established by DoD chargeback policy.

Civilian Personnel Office/Human Resources Office (CPO/HRO) - local operating personnel office.

Claimant - An individual whose claim for entitlement to benefits under the Federal Employees' Compensation Act (FECA) has been filed according to the provisions of FECA.

Claims Examiner - An employee of the OWCP possessing special training and experience in claims adjudication.

Compensation - Benefits paid or payable under FECA, including money paid because of loss of wages, medical expenses, rehabilitation expenses, loss of use of major body functions, as well as death benefits to survivor(s).

Continuation of Pay (COP) - Continuation of regular pay to a traumatically injured employee with no charge to sick or annual leave for the first 45 calendar days of disability. COP is subject to taxes and all other usual payroll deductions.

COP Termination - Termination of COP can be accomplished for any of the nine reasons listed on Form CA-1 or if medical documentation of disability has not been received within 10 work days after the claim has been made for COP.

Controversion - The formal administrative procedure through which DoD management presents evidence to OWCP to challenge an employee's claim for benefits. Management may controvert claims for COP that are clearly in conflict with the provisions of the regulations, or if there is serious doubt as to the validity of the claim. Controversions must be thoroughly documented and submitted at the earliest date the facts are available.

Defense Injury/Unemployment Compensation Systems (DIUCS) - The automated injury compensation database used by DoD injury compensation professionals to manage claims and validate costs.

Dependents - Include a wife or husband; an unmarried child under 18 years of age or, if over 18, incapable of self support because of a physical or mental disability; or a student under 23 years of age who has not completed 4 years of education beyond the high-school level; a parent, dependent on and supported by the employee.

DoD Injury Compensation Liaisons - A member of the Civilian Personnel Management Service (CPMS) who is colocated with OWCP district offices. Liaisons provide technical assistance in the FECA program to all serviced activities.

Employees' Compensation Appeals Board - An entity commonly referred to as "ECAB" separate from the OWCP in order to give to government employees the same administrative due process of law and the right of appellate review which most non-government workers enjoy under workers' compensation laws of the various states.

Federal Employees' Compensation Act (FECA) - Outlines the statutory regulations for the workers' compensation program which is identified in 5 USC 8101 et seq as amended in 1974.

Fraud - An intentional deceptive act, or series of acts, committed by an individual with the specific intent to cause the Department of Defense or OWCP to grant benefits under FECA which would normally not be granted.

Injury Compensation Program Administrator (ICPA) - The individual designated by the Civilian Personnel Officer who oversees and is responsible for the Injury Compensation Program.

Leave Buy-Back - A procedure whereby an employee may have leave restored to his or her account if it was initially used due to a job-related injury.

Light Duty - The temporary or permanent assignment to productive duty of an employee who is partially disabled from a job-related injury or illness and is unable to perform his or her regular duties. The employee's return to work must be recommended by appropriate medical authority and the assigned tasks must be fully consistent with the physical limitations specified by such medical authority.

Loss of Wage Earning Capacity - Compensation benefits paid at a reduced rate, based on an employee's ability to earn normal wages due to partial disability which is job-related.

Occupational Disease or Illness - An illness or disease produced by: systemic infections, conditions or repeated stress or strain, exposure to toxins, poisons, fumes, or other continued and repeated exposure to the work environment over a period greater than a single day or work shift. Persons suffering from occupational diseases are limited to injury compensation payments provided by FECA or to sick or annual leave.

Office of Workers' Compensation Programs (OWCP) - The Office of the Department of Labor that has overall responsibility for administration of FECA.

Partial Disability - Cases where an employee's injury or illness precludes return to regular duty, but is not totally disabling for all work.

Periodic Roll - A system used by OWCP whereby the U.S. Treasury pays prolonged disability cases and death cases each 28 days, automatically until advised otherwise by OWCP.

Physician's Assistant - A para-professional with special training in primary health care services, who works under the supervision of a physician. For purposes of FECA, an opinion rendered by a physician's assistant is not acceptable medical evidence, unless countersigned by the physician.

Pipeline Reemployment Program - Provides temporary funding and overhire authority of positions established for employees and former employees in receipt of Workers' Compensation benefits. Requests for pipeline benefits are approved by the Department of Defense (at this printing Air Force only).

Reasonable Accommodation - Reasonable accommodation may include, but shall not be limited to: (1) Making facilities readily accessible to and usable by handicapped persons; and, (2) job restructuring, part-time or modified work schedules, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, the provision of readers and interpreters; and, other similar actions such as flexiplace employment.

Recurrence - After returning to work, an injured employee is again disabled and stops work as a result of the original injury or occupational disease. A work stoppage is not a recurrence of disability if it is caused by a condition that results from a new incident of injury even to the same portion of the body previously injured, or from a new exposure to the cause(s) of a previously suffered occupational disease.

Rehabilitation - Services and/or training provided to an injured employee who suffers from a vocational handicap due to a work-related injury or illness and who cannot resume usual employment. The goal is to successfully place the person in a job that they can perform within their limitations.

Schedule Awards - Compensation provided for specified periods of time for the permanent loss or loss of use of each of certain members, organs, or functions of the body. Compensation for proportionate periods of time is payable for partial loss of use of each member or organ. The compensation for schedule awards will equal 66--2/3 percent of the employee's pay or 75 percent when there is a dependent. Schedule awards are payable even if a person is Federally employed or receiving Federal retirement benefits for the period of the award.

Third-Party Cases - Cases in which persons or agencies other than the Federal Government may be liable for the injury, illness or death of an employee.

Total Disability - When an employee is unable to work in any capacity, as a result of a job-related injury or illness.

Traumatic Injury - A wound or other condition of the body caused by external force, including stress or strain. It must be identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event or incident, or series of events or incidents within a single day or work shift. For example, a strained back caused by lifting a heavy box would be a traumatic injury. Only traumatic injuries entitle employees to COP. Traumatic injuries include damage to or destruction of prosthetic devices or appliances. Eyeglasses and hearing aids are excepted, unless damaged or destroyed as a direct result of a job-related personal injury requiring medical attention.

Vocational Rehabilitation - Vocational Rehabilitation, including job counseling, placement assistance or formal education may be provided to an injured employee who is unable to return to usual employment because of permanent disability due to injury. Additional compensation, not to exceed \$200 per month, may be paid if it is considered necessary for maintenance when the employee is pursuing an approved training course. The employee will be paid at the total disability rate while participating in the approved training course.

Waiting Days - The first three days of total disability, during which time compensation is not payable. This occurs at the expiration of the COP period (or sick or annual leave). Nonwork days can be counted towards the three waiting days. Example: The 45th day of COP ends on Friday. Waiting days are Saturday, Sunday and Monday. The employee must be in a nonpay status. The waiting days requirement does not apply if the disability exceeds 14 days or permanent disability results. Waiting days also apply in occupational disease cases.



What A Federal Employee Should Do When Injured At Work

Report to Supervisor

Every job-related injury should be reported as soon as possible to your supervisor. Injury also means any illness or disease that is caused or aggravated by the employment as well as damage to medical braces, artificial limbs and other prosthetic devices.

Obtain Medical Care

Before you obtain medical treatment, ask your supervisor to authorize medical treatment by use of form CA-16. You may initially select the physician to provide necessary treatment. This may be a private physician or, if available, a local Federal medical officer/hospital. Emergency medical treatment may be obtained without prior authorization. Take the form CA-16 and form OWCP-1500/HCFA-1500 to the provider you select. The form OWCP-1500/HCFA 1500 is the billing form physicians must use to submit bills to OWCP. Hospitals and pharmacies may use their own billing forms. On occupational disease claims form CA-16 may not be issued without prior approval from OWCP.

File Written Notice

In traumatic injuries, complete the employee's portion of Form CA-1. Obtain the form from your employing agency, complete and turn it in to your supervisor as soon as possible, but not later than 30 days following the injury. For occupational disease, use form CA-2 instead of form CA-1. For more detailed information carefully read the "Benefits ..." and "Instructions ..." sheets which are attached to the Forms CA-1 and CA-2.

Obtain Receipt of Notice

A "Receipt" of Notice of Injury is attached to each Form CA-1 and Form CA-2. Your supervisor should complete the receipt and return it to you for your personal records. If it is not returned to you, ask your supervisor for it.

Submit Claim For COP/Leave and/or Compensation For Wage Loss

If disabled due to traumatic injury, you may claim continuation of pay (COP) not to exceed 45 calendar days or use leave. A claim for COP must be submitted no later than 30 days following the injury (the form CA-1 is designed to serve as a claim for continuation of pay). If disabled and claiming COP, submit to your employing agency within 10 work days medical evidence that you sustained a disabling traumatic injury. If disabled beyond the COP period, or if you are not entitled to COP, you may claim compensation on form CA-7 or use leave. If disabled due to occupational disease, you may claim compensation on form CA-7 or use leave. A claim for compensation for disability should be submitted as soon as possible after it is apparent that you are disabled and will enter a leave-without-pay status.

The Federal Employees' Compensation Act (FECA) is administered by the U.S. Department of Labor, Employment Standards Administration, Office of Workers' Compensation Programs (OWCP). Benefits include continuation of pay for traumatic injuries, compensation for wage loss, medical care and other assistance for job-related injury or death. For additional information about the FECA, read pamphlet CA-11, "When Injured at Work" or Federal Personnel Manual, Chapter 810, Injury Compensation, available from your employing agency. The agency will also give you the address of the OWCP Office which services your area.

Post on Employees' Bulletin Board

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



U.S. GOVERNMENT PRINTING OFFICE: 1981 O-285-03

Form CA-10

AUTHORIZATION OF RELEASE OF INFORMATION

Name: _____

Address: _____

Authorization: I, _____, hereby authorize any physician or hospital, or any other person, institution, corporation, or Government activity to furnish any desired information to the US Department of Labor Office of Workers' Compensation Programs or its official representative. This authorization also permits any official representative of such office to examine and to copy any records pertaining to or concerning me.

Signature

Date

Figure 810-2. Authorization Form

**COMPARISON
WORKERS' COMPENSATION VS DISABILITY RETIREMENT**

WORKERS' COMPENSATION

VS

DISABILITY RETIREMENT

1. Must have total or partial disability or permanent impairment of a scheduled member or function of the body.

2. Injury or illness must be job-related.

3. Compensation--66-2/3 percent of service pay without dependents or 75 percent of pay with dependents when totally disabled. If partially disabled, reduced benefits.

4. No minimum service required.

5. Tax free.

6. Periodic examinations are required.

1. Need only be disabled for current position and no equivalent position is available which the employee is capable of performing.

2. Disability does not have to be job-related.

3. Depends on the length of service as a Federal employee and the age of the employee. In most circumstances, minimum is 40 percent of the "high 3" average salary. Normally, the maximum is 80 percent with 41 years, 11 months of service.

4. Need 5 years civilian service (CSRS) or 18 months (FERS) to apply for disability retirement.

5. Taxable.

6. Periodic examinations are not required.

Figure 810-3. Workers' Compensation vs. Disability Retirement

**NOTICE TO INDIVIDUALS WITH FUNDS
IN THE CIVIL SERVICE RETIREMENT SYSTEM (CSRS)
OR FEDERAL EMPLOYEES RETIREMENT SYSTEM (FERS)**

The Federal Employees' Compensation Act (FECA) is not a retirement system. Your award of compensation is subject to change or termination if a change occurs in your job-related medical condition or if other evidence is received to show that adjustment or termination of benefits is necessary. Should it become necessary to reduce, further reduce, or terminate your compensation payments in the future, you may wish to elect Civil Service Retirement System or Federal Employees Retirement System benefits. In the event of your death, compensation is not payable to your survivors unless they can establish that your death is the result of the accepted job-related medical condition.

The Office of Personnel Management (OPM) administers the retirement systems. OPM has asked that you be reminded of the temporary nature of periodic FECA disability compensation payments and of the job-relatedness required for payment of FECA death benefits. If you remove your contributions from the Retirement Fund, you lose all entitlement to a Civil Service annuity and your survivors lose all entitlement to a Civil Service survivorship annuity. If you have any questions about the consequences of taking a refund of your retirement contributions, please contact the Office of Personnel Management, Compensation Group, Retirement Operations, Washington, DC 20415.

Figure 810-4. Funds in CSRS or FERS Retirement Systems

When Injured at Work



Facts about compensation
for civilian employees of the
Federal Government

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

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Voice phone: 202-219-8743

TDD* phone: 1-800-326-2577

*Telecommunications Device for the Deaf

Information Guide for Federal Employees

Introduction

The Federal Employees' Compensation Act (FECA) (5 U.S.C. 8101 et seq.) is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor. It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. Benefits cannot be paid if the injury or death is caused by the willful misconduct of the employee or by the employee's intention to bring about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury or death.

Medical Benefits

An employee is entitled to medical, surgical and hospital services and supplies needed for treatment of an injury as well as transportation for obtaining care. The injured employee has initial choice of physician and may select any qualified local physician or hospital to provide necessary treatment or may use agency medical facilities if available. Except for referral by the attending physician, any change in treating physician after the initial choice must be authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment.

The term "physician" includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists and chiropractors within the scope of their practice as defined by State law. Payment for chiropractic services is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist. If the physician selected has been excluded from participating in

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Figure 810-5. Form CA-11 "When Injured at Work"

810-B-5

the Compensation Program the OWCP District Office will advise the employee of the exclusion and the need to select another physician.

Compensation for Temporary Total Disability

An employee who sustains a disabling, job-related traumatic injury may request continuation of regular pay for the period of disability not to exceed 45 calendar days or sick or annual leave. If disability continues beyond 45 days or the employee is not entitled to continuation of pay, the employee may use sick or annual leave or enter a leave without pay status and claim compensation from OWCP.

When disability results from an occupational disease, the employing agency is not authorized to continue the employee's pay. The employee may use sick or annual leave or enter a leave without pay status and claim compensation.

Compensation for loss of wages may not be paid until after a three-day waiting period, except when permanent effects result from the injury or where the disability causing wage loss exceeds 14 calendar days. Compensation is generally paid at the rate of 2/3 of the salary if the employee has no dependents and 3/4 of the salary if one or more dependents are claimed.

The term "dependent" includes a husband, wife, unmarried child under 18 years of age, and a wholly dependent parent. An unmarried child may qualify as a dependent after reaching the age of 18 if incapable of self-support by reason of mental or physical disability, or as long as the child continues to be a full-time student at an accredited institution, until he or she reaches the age of 23 or has completed four years of education beyond the high school level.

Compensation for Permanent Effects of Injury

The Act provides a schedule of benefits for permanent impairment of certain members, functions and organs of the body such as the eye, arm, or

kidney and for serious disfigurement of the head, face or neck. For example, an award of 160 weeks of compensation is payable for total loss of vision in one eye.

In addition, compensation for loss of earning capacity may be paid if the employee is unable to resume regular work because of injury-related disability. This compensation is paid on the basis of the difference between the employee's capacity to earn wages after an injury and the wages of the job he or she held when injured.

OWCP may arrange for vocational rehabilitation and provide a maintenance allowance not to exceed \$200 per month. A disabled employee participating in an OWCP-approved training or vocational rehabilitation program is paid at the compensation rate for total disability.

If the employee's condition requires a constant attendant, an additional amount not to exceed \$1500 per month may be allowed.

Compensation for Death

If no child is eligible for benefits, the widow or widower's compensation is 50 percent of the employee's pay at the time of death, if death was due to the employment-related injury or disease. If a child or children are eligible for benefits, the widow or widower is entitled to 45 percent of the pay and each child is entitled to 15 percent. If children are the sole survivors, 40 percent is paid for the first child and 15 percent for each additional child, to be shared equally. Other persons such as dependent parents, brothers, sisters, grandparents, and grandchildren may also be entitled to benefits. The total compensation may not exceed 75 percent of the employee's pay or the pay of the highest step for GS-15 of the General Schedule, except when such excess is created by authorized cost-of-living increases.

Compensation to an employee's surviving spouse terminates upon his or her death or remarriage. A widow or widower's benefits continue, however, if the remarriage takes place after the age of 55. Awards to children, brothers, sisters and grand-

children terminate at the age of 18, unless the dependent is incapable of self-support, or continues to be a full-time student at an accredited institution, until he or she reaches the age of 23, or has completed four years of education beyond the high school level.

Burial expenses not to exceed \$800 are payable. Transportation of the body to the employee's former residence in the United States is provided where death occurs away from the employee's home station. In addition to any burial expenses or transportation costs, a \$200 allowance is paid for the administrative costs of terminating an employee's status with the Federal Government.

Cost-of-Living Increases

Compensation payments on account of a disability or death which occurred more than one year before March 1 of each year, are increased on that date by any percentage change in the Consumer Price Index published for December of the preceding year.

Settlements With Third Parties

Where an employee's injury or death in the performance of duty occurs under circumstances placing a legal liability on a party other than the United States, a portion of the cost of compensation and other benefits paid by OWCP must be refunded from any settlement obtained. OWCP will assist in obtaining the settlement and the Act guarantees that the employee may retain a certain proportion of the settlement (after any attorney fees and costs are deducted) even when the cost of compensation and other benefits exceeds the amount of the settlement.

Appeal Rights

An employee or survivor who disagrees with a final determination of OWCP may request an oral hearing or a review of the written record from the Branch of Hearings and Review. Oral and/or written evidence in further support of the claim may be presented. The employee may also request a

Figure 810-5 Continued

reconsideration of a decision by submitting a written request to the District Office which issued the decision. The request must be accompanied by evidence not previously submitted. If reconsideration has been requested, a hearing on the same issue may not be granted. The employee or survivor may also request review by the Employees' Compensation Appeals Board (ECAB). Because the ECAB rules solely on the evidence of record at the time the decision was issued, no additional evidence may be presented.

More Detailed Information

More detailed information about the requirements for coverage and benefits under the Federal Employees' Compensation Act may be obtained from Federal Personnel Manual Chapter 810, Injury Compensation, and booklet CA-550, Questions and Answers About the Federal Employees' Compensation Act, which answers questions commonly asked about compensation benefits. These publications may be obtained through your employing agency's personnel office.

What To Do...

1. **Keep This Pamphlet.** It is important that you know what you are entitled to, since benefits are not paid automatically. You or your survivors must claim them.
 2. **In Case of Injury,** obtain first aid or medical treatment even if the injury is minor. While many minor injuries heal without treatment, a few result in serious prolonged disability that could have been prevented had the employee received treatment when the injury occurred.
- For traumatic injuries, ask your employer to authorize medical treatment on Form CA-16 BEFORE you go to the doctor. Take Form CA-16 when you go to the doctor, along with Form OWCP-1500, which the doctor must use to submit bills to OWCP. Your employer may authorize medical treatment for occupational disease ONLY if OWCP gives prior approval.

Submit bills promptly, as bills for medical treatment may not be paid if submitted to OWCP more than one year after the calendar year in which you received the treatment or in which the condition was accepted as compensable.

3. **Report Every Injury** to your supervisor. Submit written notice of your injury on Form CA-1 if you sustained a traumatic injury, or Form CA-2 if the injury was an occupational disease or illness. (Forms CA-1 and CA-2 may be obtained from your employing agency or OWCP.)

Form CA-1 must be filed within 30 days of the date of injury to receive continuation of pay (COP) for a disabling traumatic injury. COP may be terminated if medical evidence of the injury-related disability is not submitted to your employer within 10 workdays. YOU ARE RESPONSIBLE FOR ENSURING THAT SUCH MEDICAL EVIDENCE IS SUBMITTED TO YOUR EMPLOYING AGENCY. Form CA-2 should also be filed within 30 days. Any claim which is not submitted within 3 years will be barred by statutory time limitations unless the immediate superior had actual knowledge of the injury or death within 30 days of occurrence.

4. **Establish the Essential Elements of Your Claim.** You must provide the evidence needed to show that you filed for benefits in a timely manner; that you are a civil employee; that the injury occurred as reported and in the performance of duty; and that your condition or disability is related to the injury or factors of your Federal employment. OWCP will assist you in meeting this responsibility, which is called burden of proof, by requesting evidence needed to fulfill the requirements of your claim.

5. **File a Claim for Compensation.** File Form CA-7, Claim for Compensation on Account of Traumatic Injury or Occupational Disease, if you cannot return to work because of your injury and you are losing (or expect to lose) pay for more than three days. Give the form to your supervisor seven to ten days before the end of the COP period, if you received COP. If you are not entitled to COP, submit Form CA-7 when you enter or expect to enter a leave without pay status. All

wage loss claims must be supported by medical evidence of injury-related disability for the period of the claim.

If you continue to lose pay after the dates claimed on Form CA-7, submit Forms CA-8 Claim for Continuing Compensation on Account of Disability, through your employer to claim additional compensation until you return to work or until OWCP advises they are no longer needed. You are not required to use your sick or annual leave before you claim compensation.

If you choose to use your leave, you may, with your agency's concurrence, request leave buy-back by submitting Form CA-7 to OWCP through your employing agency. Any compensation payment is to be used to partially reimburse your agency for the leave pay. You must also arrange to pay your agency the difference between the leave pay based on your full salary and the compensation payment that was paid at 2/3 or 3/4 of your salary. Your agency will then recredit the leave to your leave record.

6. **Return To Work As Soon As your Doctor Allows You To Do So.** If your employing agency gives you a written description of a light duty job, you must provide a copy to your doctor and ask if and when you can perform the duties described. If your agency is willing to provide light work, you must ask your doctor to specify your work restrictions. In either case, you must advise your agency immediately of your doctor's instructions concerning return to work, and arrange for your agency to receive written verification of this information. COP or compensation may be terminated if you refuse work which is within your medical restrictions without good cause, or if you do not respond within specified time limits to a job offer from your agency.

In appropriate cases, OWCP provides assistance in arranging for reassignment to lighter duties in cooperation with the employing agency. In addition, injured employees have certain other specified rights under the jurisdiction of the Office of Personnel Management, such as reemployment rights if the disability has been overcome within one year.

7. Tell Your Family about the benefits they are entitled to in the event of your death. For assistance in filing a claim they may contact your employing agency's personnel office or OWCP.

**For Additional Information or When in Doubt
About Your Compensation Benefits Write to the
Office of Workers' Compensation Programs.**

*(Obtain the address of the OWCP district office
from your employing agency.)*

GPO : 1993 O - 355-962 Q. 3

NOTICE TO EMPLOYEE

The attached card provides instructions for you and your family in the event of your injury or death as a result of your employment.

Detach the card and keep it in your wallet for reference. It is important that you and your dependents know what to do in order to receive FECA benefits.

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs (OWCP)
Washington, D.C. 20210



WORK INJURY BENEFITS FOR FEDERAL EMPLOYEES

If you sustain injury, which includes occupational disease, damage to medical braces, artificial limbs, or other prosthetic devices, you may be entitled to benefits of the Federal Employees' Compensation Act (FECA).

WHEN INJURED

1. Notify your supervisor immediately and obtain authorization for medical care.
2. In traumatic injuries, you or someone acting on your behalf must complete the employee's portion of Form CA-1, and return it to your employing agency within 30 days of the injury. Use Form CA-2, if disability results from an occupational disease.

*(Claim may be valid if filed within 3 years following the injury.)
Form CA-13
(over) Rev. July 1987

For more detailed information, carefully read the sheets which are attached to Forms CA-1 and CA-2.

3. If disabled due to traumatic injury, you may use leave, or request continuation of pay, not to exceed 45 days. Thereafter compensation is claimed on Form CA-7. If disabled due to occupational disease, you may use leave, or claim compensation on Form CA-7.

DEATH BENEFITS

Compensation may also be payable to certain members of your family for job-related death. A claim for death benefits must be filed with your agency or the OWCP no later than 3 years following death. Beneficiaries may obtain assistance from your agency or the OWCP.

For additional information about the FECA, read pamphlet CA-11, When Injured at Work. (Rev. 7/87) available from your agency. The agency will also give you all needed forms and the address of the OWCP office which services your area.

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs (OWCP)
Washington, D.C. 20210



INSTRUCTIONS TO FEDERAL AGENCIES

1. Issue this card to each employee of your agency.
2. Further information regarding the Federal Employees' Compensation Act (FECA) may be obtained from the OWCP and/or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.
3. Additional cards may be obtained from the OWCP office servicing your area.

Form CA-13
Rev. July 1987

Figure 810-6. CA-13, "Instructions to Employees When Injured".

**Federal Employee's Notice of
Traumatic Injury and Claim for
Continuation of Pay/Compensation**

U.S. Department of Labor DoD 1400.25-M
Employment Standards Administration
Office of Workers' Compensation Programs

Dec 96



Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle) JONES, Mary E.				2. Social Security Number 123-45-6789	
3. Date of birth Mo. Day Yr. 6 16 50	4. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	5. Home telephone (111) 222-3333	6. Grade as of date of injury Level 5 Step 3		
7. Employee's home mailing address (Include city, state, and zip code) 1234 Jones Road, Apt 203 Alexandria, OH 43001				8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 y. <input type="checkbox"/> Other	

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine) 380 Morrison Road					
10. Date injury occurred Mo. Day Yr. 1 12 95	Time 10:30	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr. 1 14 95	12. Employee's occupation Security Assistant	
13. Cause of injury (Describe what happened and why) While entering building, tripped on mat which was not flat, started to fall, hit wall					

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg) Sprained right ankle, bruised right shoulder, sprained right wrist	a. Occupation code GS-0086	
	b. Type code 210	c. Source code 0140
	OWCP Use - NOI Code	

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- ☒ b. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- ☐ a. Sick and/or Annual Leave

Signature of employee or person acting on his/her behalf

Mary E. Jones

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

End of Employee Report

Witness

16. Statement of witness (Describe what you saw, heard, or know about this injury)

I heard Mary scream, looked up and saw her stumbling to catch her balance.
She fell to the floor, hitting the wall.

Name of witness Sue Mann	Signature of witness <i>Sue Mann</i>	Date signed January 14, 1997
Address 567 Columbus, Ohio	City	State Zip Code 43025

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report	
17. Agency name and address of reporting office (Include city, state, and zip code) DLA Civilian Personnel Support Office 380 Norrison Road Columbus, OH	OWCP Agency Code 0000-ZZ OSHA Site Code Zip Code 43213
18. Employee's duty station (Street address and zip code) Same as Item 17	
19. Regular work hours From: 0630 To: 1500 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> p.m.	20. Regular work schedule <input type="checkbox"/> Sun. <input checked="" type="checkbox"/> Mon. <input checked="" type="checkbox"/> Tues. <input checked="" type="checkbox"/> Wed. <input checked="" type="checkbox"/> Thurs. <input checked="" type="checkbox"/> Fri. <input type="checkbox"/> Sat.
21. Date of injury Mo. Day Yr. 1 12 95	22. Date notice received Mo. Day Yr. 1 14 95
23. Date stopped work Mo. Day Yr. 1 12 95 Time 10:30 a.m.	24. Date pay stopped N/A
25. Date 45 day period began Mo. Day Yr. 1 13 95	26. Date returned to work HAS NOT RETURNED Time: : a.m. p.m.
27. Was employee injured in performance of duty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)	

28. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? ☐ Yes (If "Yes," explain) ☒ No

29. Was injury caused by third party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," go to item 31.)	30. Name and address of third party (Include city, state, and zip code)
---	---

31. Name and address of physician first providing medical care (Include city, state, zip code) US Air Force Health Clinic (USA EHC) Defense Supply Center P. O. Box 3990, Columbus, OH 43216-5000	32. First date medical care received Mo. Day Yr. 1 12 95 33. Do medical reports show employee is disabled for work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

34. Does your knowledge of the facts about this injury agree with statements of the employee and/or witness? ☐ Yes ☐ No (If "No," explain)

35. If the employing agency controverts continuation of pay, state the reason in detail.	36. Pay rate when employee stopped work \$9.66 Per HR.
--	---

Signature of Supervisor and Filing Instructions

37. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.
I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print) Mary E. Wilson	Date January 14, 1995
Signature of supervisor <i>Mary E. Wilson</i>	Office phone (111) 222-3333
Supervisor's Title Chief, Security Officer	

38. Filing instructions	<input type="checkbox"/> No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D) <input type="checkbox"/> No lost time, medical expense incurred or expected: forward this form to OWCP <input checked="" type="checkbox"/> Lost time covered by leave, LWOP, or COP: forward this form to OWCP <input type="checkbox"/> First Aid Injury
-------------------------	--

Instructions for Completing Form CA-1

Dec 96
DoD 1400.25-M

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

Employee (Or person acting on the employee's behalf)

13) Cause of Injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: if you fell, how far did you fall and in what position did you land?)

14) Nature of Injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg: cut on right index finger).

15) Election of COP/Leave

If you are disabled for work as a result of this injury and file CA-1 within thirty days of the injury, you are entitled to receive continuation of pay (COP) from your employing agency. COP is

paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. You may elect sick or annual leave if you wish, but compensation from OWCP may not be claimed during the 45 days of COP entitlement. (You may not claim compensation to repurchase leave used during this period.) Also, if you change your election within one year, the agency is obliged to convert past periods of leave to COP, which qualify.

Your agency may controvert (dispute) your entitlement to COP, but must continue pay unless the controversion is based on one of the nine reasons listed in the instructions for Item 35.

If you receive COP, but OWCP later determines that you are not entitled to COP, you may either change COP to sick or annual leave or pay the employing agency back for the COP received.

Supervisor

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 38, the supervisor is responsible for obtaining the witness statement in item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after it is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

29) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

31) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

32) First date medical care received

The date of the first visit to the physician listed in Item 31.

35) Does the employing agency controvert continuation of pay?

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability results from an occupational disease or illness;
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is neither a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 90 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

Employing Agency - Required Codes

Box a (Occupation Code), Box b (Type Code),
Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Disability Benefits for Employees under the Federal Employees**Compensation Act (FECA)**

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury; however, to avoid possible interruption of pay, the form should be filed within 2 working days. If the form is not filed within 30 days, compensation may be substituted for continuation of pay.)
- (2) Payment of compensation for wage loss after the 45 days, if disability extends beyond such period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where necessary.
- (5) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians, of the employee's choice. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care; however, other pertinent facts must also be considered in making selection of physicians or medical facilities.

At the time an employee stops work following a traumatic, job-related injury, he or she may request continuation of pay or use sick or annual leave credited to his or her record. Where the employing agency continues the employee's pay, the pay must not be interrupted until:

- (1) The employing agency receives medical information from the attending physician to the effect that disability has terminated;
- (2) The OWCP advises that pay should be terminated; or
- (3) The expiration of 45 calendar days following initial work stoppage.

If disability exceeds, or it is anticipated that it will exceed, 45 days, and the employee wishes to claim compensation, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period. Form CA-3 shall be submitted to OWCP when the employee returns to work, disability ceases, or the 45 days period expires.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

Privacy Act

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a) and the Computer Matching and Privacy Protection Act of 1988 (Public Law No. 100-503), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches. (4) The information may be given to Federal, State, and local agencies for law enforcement and for other lawful purposes in accordance with routine uses published by the Department of Labor in the Federal Register. (5) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of a social security number (SSN) is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. Your SSN may be used to request information about you from employers and others who know you, but only as allowed by law or Presidential directive. The information collected by using your SSN may be used for studies, statistics, and computer matching to benefit and payment files.)

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by
(Name of injured employee)

Which occurred on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo., Day, Yr.)

**DCPMS Instructions for Completing Form CA-1,
Federal Employee's Notice of Traumatic Injury
and Claim for Continuation of Pay/Compensation**

The employee or the employee's representative fills out Items 1 through 15 as follows:

- Item 1. Employee's last name, first name, middle name (enter "NMN" if no middle name).
- Item 2. Employee's social security number.
- Item 3. Employee's date of birth (month, day, year) - NOT TODAY'S DATE OR CURRENT YEAR.
- Item 4. Employee's gender.
- Item 5. Employee's home telephone number with area code, if no home phone, enter "NONE."
- Item 6. Grade and step as of date of injury.
- Item 7. Employee's complete home mailing address, including ZIP code.
- Item 8. the employee marks the appropriate boxes - a number is not required. If No dependents, enter "NONE."
- Item 9. EXACT location of injury; include address (street, city, state and 9-digit ZIP code) if offbase, identify room building number and work area. (If the employee was on TDY when injury occurred, attach a copy of TDY orders.)
- Item 10. Month, date, year, and time (use A.M. or P.M., not military time) of injury. (The time of injury is important and required.) If the injury occurred over a period of time during a single shift, enter the time span.
- Item 11. Month, day, and year the written form is completed.
- Item 12. Employee's formal job title.
- Item 13. Detailed description of how and why the injury took place; (precise height employee fell, number of stairs, exact size, weight, or both of item lifted). If there is not enough space on the form, have the employee submit a more detailed statement on a separate sheet.
- Item 14. Description of the nature of injury and parts of the body injured.
 - a. Identify the occupation by entering the employee's pay plan and the four numbers of the occupational series as listed on the SF 50.
 - b. Enter type code. This code stands for an action. See OSHA Booklet 2014 or in the DIUCS for the code.
 - c. Enter source code. The source refers to an object or substance. The type and source codes form a brief description of how the incident occurred.
- Item 15. The employee must elect either sick or annual leave or COP even if there is no immediate time loss. The supervisor should ensure that the employee receives counseling concerning the COP entitlement. An original signature is required on forms submitted to OWCP.

NOTE: EXCEPT FOR ITEM 17, THE SUPERVISOR IS RESPONSIBLE FOR ITEMS 16-38. Supervisors:

Item 16. If there is only one witness, have the witness enter a statement there if there is enough space.

Figure 810-7 Continued. CA-1 with Instructions:

- If there is not enough space, have the witness enter a statement on a separate piece of paper, attach that paper to the form, and then enter the notation "SEE ATTACHED STATEMENT."

- If there are multiple witnesses, identify all the witnesses and enter the notation "SEE ATTACHED STATEMENTS" here, and attach the statements.

- If the employee states that there were no witnesses, have the employee enter a statement similar to "THERE WERE NO WITNESSES TO MY INJURY," and have the employee initial it.

- If no witnesses were identified and during your (the supervisor's) investigation you find that there were witnesses that did hear or see the incident, or should have been able to hear or see or be aware of the incident as described, obtain statements and attach them.

Item 17. Complete address of the servicing CPO authorized to forward the Form CA-1 to the OWCP. The ICPA enters appropriate numeric and alpha chargeback code.

Item 18. Enter the address of the employee's duty station.

Item 19. If employee has a rotating schedule, enter shift worked or scheduled to work during the week of injury. If intermittent, enter "INTERMITTENT" in block 19.

Item 20. If the employee has a regular workday schedule, indicate the scheduled workdays.

Item 21. Enter the date of injury. If this item does not agree with Item 10, enter the reason in Item 34 or on separate statement.

Item 22. Enter the date you became aware of, or was notified of, the injury. This could be visual (seeing the accident), verbal (being told of the injury), or written notice (receipt of the Form CA-1).

Item 23:

a. If the employee does not stop work, LEAVE BLANK.

b. If the employee stops work only for medical treatment on the day of injury and either returns to complete the tour of duty or returns at the beginning of the next scheduled tour, LEAVE BLANK.

c. If the employee returns to work at the beginning of his or her next scheduled work shift and does not expect to have further work stoppage, LEAVE BLANK.

d. If employee cannot work, enter the date and hour when the employee first stopped work. (This will be the actual time of injury, or when the employee first seeks medical attention.)

Item 24. Enter a day only if the employee enters a LWOP status; otherwise, enter "NA."

Item 25. Enter date COP begins. However, if the first day of disability is a nonduty day or holiday, the 45-day period will begin on the nonduty day or holiday.

- If the employee is not eligible for COP; for example, the Form CA-1 was submitted to the supervisor more than 30 calendar days after the day of injury, enter "NOT ELIGIBLE."

Item 26. If no lost time involved (time used for initial medical treatment on date of injury is excused absence and is not lost time), enter "NA." When this item is "NA," then Item 23 should be blank.

- If employee stops work and returns before submitting the Form CA-1, enter the date returned to work. If the employee has not returned to work, enter "HAS NOT RETURNED."

NOTE: If employee returns to duty before submitting the Form CA-1, COP information may be placed on the margin of Form CA-1 in lieu of submitting a Form CA-3. (Example: COP used 8 and 9 June 1994; 16 hours X \$10.00 per hour = \$160.00.)

Item 27. If you cannot definitely state that the employee was or was not performing assigned duties at time of injury, enter "UNDETERMINED." If TDY, include a copy of the TDY orders. If vehicle accident, attach a copy of the investigation report.

Item 28. If it is possible to answer this "yes" or "no," do so. However, if there is any possibility that a "yes" answer could not be substantiated upon investigation, enter "UNDETERMINED."

Item 29. If there is no evidence that a third party was involved or responsible for the injury, check "no."

- If there is evidence that a third party was involved or responsible for the injury, check "yes."

Item 30. Provide name and address of third party. If there is no evidence, enter "UNDETERMINED."

Item 31. Enter the name and address of the physician who first provided treatment for the claimed work-related injury.

Item 32. Obtain this data from the medical reports submitted by the employee, if available. If reports are not available, enter "UNDETERMINED."

Item 33. Refer to the most current medical reports. (If a medical report is not available, state "UNKNOWN.")

Item 34. When you have information contradicting the facts of the employee, either verbal or written, check the "no" block and provide all related evidence in Item 34 or as an attachment. When providing an attachment, enter "SEE ATTACHMENT." If there are no contradictions, check the "yes" block.

Item 35. If available information supports the claim, check "no" and advise the employee that there will be no controversy.

- If there is evidence that either the claim or COP should be controverted, check the "yes" block and advise the employee of your intent and reasons.

- When a decision cannot be made at the time this form is completed, enter "DECISION TO CONTROVERT PENDING INVESTIGATION." Coordinate any additional information or evidence with the ICPA office.

- If it is necessary to retain any injury-related information (CA forms, etc.) pending receipt of additional information or for any other purpose, safeguard such information against unauthorized access.

Item 36. Enter pay rate when employee stopped work, if a shift rate of pay, indicate second or third shift rate.

Item 37. Enter your name, signature, title, and office telephone number.

Item 38. Check appropriate block.

NOTE: Sign and date the Receipt of Notice of Injury and give it to the employee.

Notice of Occupational Disease
and Claim for Compensation

Dec 96
DoD 1400.25-M

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data					
1. Name of employee (Last, First, Middle) BROWN, Myron I.					2. Social Security Number 300-10-2222
3. Date of birth Mo. Day Yr. 3 18 40	4. Sex M	5. Home telephone (111) 555-4444	6. Grade as of date of last exposure Level WG-10 Step 5		
7. Employee's home mailing address (Include city, state, and ZIP code) 1234 Elm Street San Antonio, TX 78253					8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 y <input type="checkbox"/> Other

Claim Information	
9. Employee's occupation Utility Systems Repairer	a. Occupation code WG-4742
10. Location (address) where you worked when disease or illness occurred (Include city, state, and ZIP code) CEAF Lackland AFB, TX 78236-5554	11. Date you first became aware of disease or illness Mo. Day Yr. 3 10 95

12. Date you first realized the disease or illness was caused or aggravated by your employment Mo. Day Yr. 3 10 95	13. Explain the relationship to your employment, and why you came to this realization May last hearing examination showed I had a significant loss of hearing in both ears. I am exposed to noisy equipment most of the day, five days a week. I have been exposed to this noise for 15 years. I think this caused my loss of hearing.
---	--

14. Nature of disease or illness Hearing Loss - both ears	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc;">OWCP Use - NOI Code</td> </tr> <tr> <td>b. Type code 700</td> <td>c. Source code 0240</td> </tr> </table>	OWCP Use - NOI Code		b. Type code 700	c. Source code 0240
OWCP Use - NOI Code					
b. Type code 700	c. Source code 0240				

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay.

N/A

16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.

N/A - Statement is Attached

17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

N/A - Medical reports are attached.

Employee Signature	
18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.	
I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.	

Signature of employee or person acting on his/her behalf *Myron I. Brown* Date **3-18-95**

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedy as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Disability Benefits for Employees under the Federal Employees Compensation Act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following general benefits for employment-related occupational disease or illness:

- (1) Full medical care from either Federal medical officers and hospitals, or private hospitals or physicians of the employee's choice.
- (2) Payment of compensation for total or partial wage loss.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious disfigurement of the head, face, or neck.
- (4) Vocational rehabilitation and related services where necessary.

The first three days in a non-pay status are waiting days, and no compensation is paid for these days unless the period of disability exceeds 14 calendar days, or the employee has suffered a permanent disability. Compensation for total disability is generally paid at the rate of 2/3 of an employee's salary if there are no dependents, or 3/4 of salary if there are one or more dependents.

If an employee is in doubt about compensation benefits, the OWCP District Office servicing the employing agency should be contacted. (Obtain the address from your employing agency.)

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Title 20, Chapter 1) or Chapter 810 of the Office of Personnel Management's Federal Personnel Manual.

Privacy Act

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a) and the Computer Matching and Privacy Protection Act of 1988 (Public Law No. 100-503), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches. (4) The information may be given to Federal, State, and local agencies for law enforcement and for other lawful purposes in accordance with routine uses published by the Department of Labor in the Federal Register. (5) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits (Disclosure of a social security number (SSN) is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. Your SSN may be used to request information about you from employers and others who know you, but only as allowed by law or Presidential directive. The information collected by using your SSN may be used for studies, statistics, and computer matching to benefit and payment files.)

Receipt of Notice of Occupational Disease or Illness

This acknowledges receipt of notice of disease or illness sustained by:
(Name of injured employee)

BROWN, Myron I.

I was first notified about this condition on (Mo., Day, Yr.)
March 18, 1995

At (Location)

CEAF

Lackland AFB, TX 78236-5554

Signature of Official Superior

Title

March 22, 1995

Date (Mo., Day, Yr.)

John C. Mills

This receipt should be retained by the employee as a record that notice was filed.

INSTRUCTIONS FOR COMPLETING FORM CA-2

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. In addition to the information requested on the form, both the employee and the supervisor are required to submit additional evidence as described below. If this evidence is not submitted along with the form, the responsible party should explain the reason for the delay and state when the additional evidence will be submitted.

Employee (or person acting on the employee's behalf)

Complete items 1 through 18 and submit the form to the employee's supervisor along with the statement and medical reports described below. Be sure to obtain the Receipt of Notice of Disease or Illness completed by the supervisor at the time the form is submitted.

1) Employee's statement

In a separate narrative statement attached to the form, the employee must submit the following information:

- a) A detailed history of the disease or illness from the date it started.
- b) Complete details of the conditions of employment which are believed to be responsible for the disease or illness.
- c) A description of specific exposures to substances or stressful conditions causing the disease or illness, including locations where exposure or stress occurred, as well as the number of hours per day and days per week of such exposure or stress.
- d) Identification of the part of the body affected. (If disability is due to a heart condition, give complete details of all activities for one week prior to the attack with particular attention to the final 24 hours of such period.)
- e) A statement as to whether the employee ever suffered a similar condition. If so, provide full details of onset, history, and medical care received, along with names and addresses of physicians rendering treatment.

2) Medical report

- a) Dates of examination or treatment.
- b) History given to the physician by the employee.
- c) Detailed description of the physician's findings.
- d) Results of x-rays, laboratory tests, etc.
- e) Diagnosis.
- f) Clinical course of treatment.
- g) Physician's opinion as to whether the disease or illness was caused or aggravated by the employment, along with an explanation of the basis for this opinion. (Medical reports that do not explain the basis for the physician's opinion are given very little weight in adjudicating the claim.)

3) Wage loss

If you have lost wages or used leave for this illness, Form CA-7 should also be submitted.

Supervisor (Or appropriate official in the employing agency)

At the time the form is received, complete the Receipt of Notice of Disease or Illness and give it to the employee. In addition to completing items 19 through 34, the supervisor is responsible for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form must be sent to OWCP within ten working days after it is received. In a separate narrative statement attached to the form, the supervisor must:

- a) Describe in detail the work performed by the employee. Identify fumes, chemicals, or other irritants or situations that the employee was exposed to which allegedly caused the condition. State the nature, extent, and duration of the exposure, including hours per day and days per week, requested above.
- b) Attach copies of all medical reports (including x-ray reports and laboratory data) on file for the employee.
- c) Attach a record of the employee's absence from work caused by any similar disease or illness. Have the employee state the reason for each absence.
- d) Attach statements from each co-worker who has first-hand knowledge about the employee's condition and its cause. (The co-workers should state how such knowledge was obtained.)
- e) Review and comment on the accuracy of the employee's statement requested above.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

Item Explanations: Some of the items on the form which may require further clarification are explained below.**14. Nature of the disease or illness**

Give a complete description of the disease or illness. Specify the left or right side if applicable (e.g., rash on left leg; carpal tunnel syndrome, right wrist).

19. Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

20. Employee's duty station, street address and ZIP code

The street address and ZIP code of the establishment where the employee actually works.

23. Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

24. First date medical care received

The date of the first visit to the physician listed in item 23.

32. Was the injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the disease. For instance, manufacturer of a chemical to which an employee was exposed might be considered a third party if improper instructions were given by the manufacturer for use of the chemical.

Employing Agency - Required Codes**Box a (Occupational Code), Box b, (Type Code), Box c (Source Code), OSHA Site Code**

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Record Keeping and Reporting Guidelines.

OWCP Agency Code

This is a four digit (or four digit two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Occupational Disease. Please complete information requested below

Supervisor's Report	
Agency name and address of reporting office (Include city, state, and ZIP Code)	
394 MSSQ/MSCE	
1821 Wilbur Wright Plaza	
Lackland AFB, TX 78236-5554	
Employee's duty station (Street address and ZIP Code)	
Same As Item 19	
Regular work hours From: 7:30 a.m. To: 4:00 p.m.	
22. Regular work schedule <input type="checkbox"/> Sun. <input checked="" type="checkbox"/> Mon. <input checked="" type="checkbox"/> Tues. <input checked="" type="checkbox"/> Wed. <input checked="" type="checkbox"/> Thurs. <input checked="" type="checkbox"/> Fri. <input type="checkbox"/> Sat.	
Name and address of physician first providing medical care (include city, state, ZIP code)	
A. B. Simpson, MD	
4000 Oak Street	
San Antonio, TX 78236	
24. First date medical care received	
3 10 95	
25. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. Date employee first reported condition to supervisor	
3 18 95	
27. Date and hour employee stopped work	
N/A	
28. Date and hour employee's pay stopped	
N/A	
29. Date employee was last exposed to conditions alleged to have caused disease or illness	
to wear protection devices over ears.	
30. Date returned to work	
31. If employee has returned to work and work assignment has changed, describe new duties	
Work assignment has not changed.	
32. Was injury caused by third party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "No," go to Item 34.	
33. Name and address of third party (include city, state, and ZIP code)	

Signature of Supervisor

A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

John C. Mills
Signature of Supervisor (Type or print)
John C. Mills
Chief, AC Section
Date
March 25, 1995
Office phone
(111) 555-6666

Notice of Occupational Disease
and Claim for Compensation

U.S. Department of Labor DoD 1400.25-M
Employment Standards Administration
Office of Workers' Compensation Programs

Dec 96

Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle) DAVIS, Mary J.					2. Social Security Number 002-22-0000	
3. Date of birth Mo. Day Yr. 4 25 52	4. Sex F	5. Home telephone (703) 888-9696	6. Grade as of date of last exposure Level 7 Step 7			
7. Employee's home mailing address (include city, state, and ZIP code) 1234 Jefferson Street, Apt A-3 Arlington, VA 22202					8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 <input type="checkbox"/> Other	

Claim Information

9. Employee's occupation Computer Specialist			a. Occupation code	
10. Location (address) where you worked when disease or illness occurred (include city, state, and ZIP code) Pentagon, Washington, DC 22202-1155			11. Date you first became aware of disease or illness Mo. Day Yr. 12 1 93	
12. Date you first realized the disease or illness was caused or aggravated by your employment Mo. Day Yr. 2 15 94		13. Explain the relationship to your employment, and why you came to this realization My work requires approximately 5-6 hours of intermitter keyboarding per day and I've had this job for the past 5 years. I first noticed tingling and numbness of my hands in December 1993. I saw a doctor on 2-15-94 who diagnosed carpal tunnel syndrome.		

14. Nature of disease or illness Carpal Tunnel Syndrome	GWCP Use - NOI Code b. Type code c. Source
--	---

15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for delay.

N/A

16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.

N/A - Statement Attached

17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

N/A - Medical Attached

Employee Signature

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf Mary J. Davis. Date 2-15-94

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compens as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative r as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Supervisor's Report

OWCP Agency Code

0000

OSHA Site Code

Room 3B347 - Pentagon, Washington, DC 20301-1155
20. Employee's duty station (Street address and ZIP Code)

ZIP Code

21. Regular work hours From: 7 :00 ☒ a.m. ☐ p.m. To: 3 :30 ☐ a.m. ☒ p.m.

22. Regular work schedule ☐ Sun. ☒ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☐ Sat.

24. First date medical care received	Mo. 2	Day 15	Yr 94
--	----------	-----------	----------

200 Duke Street

25. Do medical reports show employee is disabled for work? ☒ Yes ☐ No

26. Date employee first reported condition to supervisor	Mo.	Day	Yr.
	12	1	93

27. Date and hour employee stopped work

Mo.	Day	Yr.	
2	15	94	

Time 7:00 ☒ a.m. ☐ p.m.

28. Date and hour employee's pay stopped Mo. Day Yr. ☒ a.m. ☐ p.m.
3 8 94 Time 7:00

29. Date employee was last exposed to conditions alleged to have caused disease or illness	Mo.	Day	Yr.
	2	15	94

30. Date returned to work Mo. Day Yr. ☐ a.m. ☐ p.m.
 Time :

Has Not Yet Returned

32. Was injury caused by third party?

☐ Yes ☒ No
If "No,"
go to
Item 34.

Signature of Supervisor

34. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

Carol R. James

Name of Supervisor (Type or print)

Signature of Supervisor

Chief, Information Management Systems

Supervisor's Title

Date _____

(703) 695-0000

Office phone

**DCPMS INSTRUCTIONS FOR COMPLETING FORM CA-2,
NOTICE OF OCCUPATIONAL DISEASE AND CLAIM FOR COMPENSATION**

The employee or the employee's representative fills out Items 1 through 18 as follows:

- Item 1. Employee's last name, first name, middle name (enter NMN if no middle name.).
 - Item 2. Employee's social security number.
 - Item 3. Employee's date of birth (month, day, year) - NOT TODAY'S DATE OR CURRENT YEAR.
 - Item 4. Employee's gender.
 - Item 5. Employee's home telephone number with area code; if no home phone; enter "NONE."
 - Item 6. Grade and pay as of date of last exposure.
 - Item 7. Employee's complete home mailing address, including ZIP code.
 - Item 8. Employee marks the appropriate boxes - numbers are not required. If no dependents, enter "NONE."
 - Item 9. Employee's job title, employee's pay plan, and the four numbers of the occupational series as listed on the SF 50.
 - Item 10. Work location where disease or illness developed. Show complete address including 9-digit ZIP code if location is not the same as Item 8.
 - Item 11. The date that the employee first became aware of the disease or illness. (This may or may not be the same date that he or she realized that it was caused or aggravated by his or her employment.
 - Item 12. The date that employee realized the disease or illness was caused or aggravated by employment.
 - Item 13. The employee should be very specific.
 - Item 14. Description of the condition claimed to be work-related.
 - Item 15. If an entry is required, give a specific reason.
 - Item 16. If separate narrative on the disease is not submitted with this form, explain reason for delay.
 - Item 17. If required medical forms are not attached, explain reason for delay.
 - Item 18. Be sure the normal signature is used. This is the actual date the completed Form CA-2 is submitted to the supervisor.
- NOTE: Be sure to instruct employee to furnish all information as required in the instructions. Failure to do so might delay adjudication of the claim.
- The supervisor fills out Items 19 through 34. Supervisors:
- Item 19. Enter complete address of the servicing CPO/HRO authorized to forward the Form CA-2 to the OWCP. This address may or may not be the same as that in Item 10. Use the appropriate numeric and alpha chargeback code.
 - Item 20. Enter the street address and 9-digit ZIP code of the establishment where the employee actually works.
 - Item 21. If the employee has a fixed schedule, enter beginning and ending times. If intermittent, enter "INTERMITTENT."
 - Item 22. If the employee has a fixed schedule, indicate the scheduled workdays. If the employee has a rotating schedule, enter "ROTATING."

- Item 23. Enter the name and address of the physician who first provided care for the claimed work-related illness/disease.
- Item 24. Obtain this data from the medical reports submitted by the employee, if available. If reports are not available, enter "UNKNOWN."
- Item 25. Refer to the most current medical reports. Do not use verbal information received from the employee. If no medical reports are available, enter "NO REPORT AVAILABLE."
- Item 26. Enter specific date you were first notified of physical condition being related to employment.
- Item 27. If no disability has been caused, enter "HAS NOT STOPPED."
- Item 28. If the employee did not stop work, enter "NA."
- If a period of disability was caused by the claimed illness/disease, enter the specific date and time the employee stopped work.
- If the employee was disabled due to the claimed illness/disease and entered into a LWOP status commencing after the exhaustion of the employee's sick and annual leave, enter the specific date and time the LWOP status started.
- If the employee was disabled due to the claimed illness/disease and used sick or annual leave throughout the period of disability, enter "NA, USED SICK OR ANNUAL LEAVE."
- If employee has been separated and will not return to work, give date of separation.
- Item 29. Based on the condition identified as the cause of the illness/disease in the employee's statement, determine if a specific answer is possible.
- Item 30. If employee did not stop work, enter "NA."
- If employee did stop work due to the claimed illness/disease:
(1) Enter the date and hour the employee returned to work following the disability period; or
(2) Enter "HAS NOT RETURNED" if disability continues beyond the date the Form CA-2 is submitted.
- Item 31. Complete this item only if the employee returned to work following a period of disability and the work assignment has changed. If so, describe the new duties and indicate if the assignment is a light-duty assignment. If the work assignment has been changed to accommodate the claimed illness/disease without a period of disability, so indicate.
- Item 32. Self-explanatory.
- Item 33. Self-explanatory.
- Item 34. If you take exception to any information furnished by the employee in Items 1 through 18, identify the items and explain the reasons. Use an attachment if necessary. If not, enter "NA."
- NOTES: 1. Be sure to include statement commenting on employee's narrative statement as required by instructions.
2. Complete the Receipt of Illness/disease portion and promptly give it to the employee.

Federal Employee's Notice of
Recurrence of Disability and Claim
for Continuation Pay/Compensation

U.S. Department of Labor

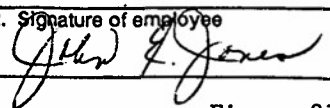
Employment Standards Administration
Office of Workers' Compensation Programs

DoD 1400.25-⁹⁶
H

Employee: Please complete Part A below.

Employing Agency (Supervisor or Compensation Specialist): Complete Part B.

OMB No. 1215-0
Expires: 07-31-

Employee Data Part A - Employee				
1. Name of employee (Last, First, Middle) JONES, John E.		2. Social Security Number 999-66-3958		3. OWCP file number for original injury (if known) A00-111112
4. Date of birth Mo. Day Yr. 16 12 15 J	5. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. Home telephone (333) 444-9898	
7. Employee's home mailing address (include city, state, and zip code) 318 Pine Street Richmond, VA 23297			8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	
9. Name and Address of Employing Establishment at time of original injury (number, street, city, state, zip code) Naval Weapons Station Code 0641 Yorktown, VA 23691			10. Name and Address of Employing Establishment at time of recurrence, if other than 9. If you are no longer employed with the Federal Government, complete Part C in addition to Part A. Same As Item 9	
11. Date and Hour of original injury (mo., day, year) <input checked="" type="checkbox"/> a.m. 11-5-94 <input type="checkbox"/> p.m. 1:30	12. Date and Hour of recurrence (mo., day, year) <input checked="" type="checkbox"/> a.m. 2-3-95 <input type="checkbox"/> p.m. 10:15	13. Date and Hour stopped work following recurrence (mo., day, year) <input checked="" type="checkbox"/> a.m. 2-3-95 <input type="checkbox"/> p.m. 10:15	14. Date and Hour pay stopped following recurrence (mo., day, year) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Not Yet	15. Date and Hour returned to work (mo., day, year) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Not Yet
16. Dates of medical treatment following recurrence (mo., day, year) 2-3-95		17. Name and Address of physician treating employee following recurrence A. C. Jones, M.D. 1098 Smith Road Richmond, VA 23297		
18. After returning to work following the original injury, were you handicapped or in any way limited in performing your usual duties? (If yes, explain) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Limited to lifting no more than 20 lbs. -- usual duties require 40 lbs.				
19. Describe fully your condition since you returned to work including all medical treatment received. Continued to have moderate back pain -- participated in therapy program and did back strengthening exercises at home.				
20. Describe the circumstances of the recurrence of disability. Explain why you believe your present condition is related to the original injury. Doing paperwork at desk when back pain became severe. I was doing nothing different from usual day to day duties.				
21. Describe all injuries and illnesses which you suffered between the date you returned to work following the original injury, and the date of recurrence. Arrange for the submission of all relevant medical records. I have had no injuries and no illnesses since original injury.				
Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled, is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.				
I hereby claim medical treatment if needed, and up to 45 days Continuation of Pay and/or Compensation while disabled for work.				
I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish a desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.				
I certify, under penalty of law, that the information provided on this form is true and correct to the best of my knowledge.				
22. Signature of employee 			23. Date (mo., day, year) 2-7-94	

Part B - Employer

Official Supervisor's Report: Please complete information requested below

Supervisor's Report

Agency name and address of reporting office (Include city, state, and zip code) OWCP Agency Code
8888YY.

Human Resources Office - Code 0641

Zip Code

OSHA Site Code

Naval Weapons Station

Yorktown, VA 22691-5000

Employee's duty station (Street address and zip code)

Same As Item 24

Zip Code

26. Date of first return to REGULAR duty following original injury.

Mo. Day Yr.
12 13 94

Regular work hours From: 7:30 ☒ a.m. To: 4:00 ☒ p.m.

28. Regular work schedule ☐ Sun. ☒ Tues. ☒ Thurs. ☒ Mon. ☒ Wed. ☒ Fri. ☐ Sat.

1. Date of injury Mo. Day Yr.
11 5 94

30. Date of recurrence Mo. Day Yr.
2 3 95

31. Date stopped work following recurrence Mo. Day Yr. Time 10:15 ☒ a.m. ☐ p.m.
2 3 95

2. Date pay stopped following recurrence Mo. Day Yr.
Has Not

33. Date COP paid for recurrence Mo. Day Yr. From To
None

34. Date returned to work following recurrence Mo. Day Yr. Time : ☐ a.m. ☐ p.m.
Has Not Returned

3. Inclusive Dates Employee Received Leave Pay For Any Part of The Period Since Stopping Work

Annual Leave

b. Sick Leave

c. Other (Specify)

02-03-95 to Present

5. Pay Rate In Effect On:

a. Base pay

b. Subsistence

c. Quarters

d. Other Pay, i.e., Sunday premium or night differential None

Date of Recurrence \$ 9.95 per Hr
Date Stopped Work following Recurrence \$ 10.27 per Hr

None \$ per
\$ per

None \$ per
\$ per

7. Did the employee receive medical care at an agency facility due to the recurrence? ☐ Yes ☒ No
If so, please attach all relevant medical records.

38. At time of recurrence did official superior authorize medical treatment on form CA-16? ☐ Yes ☒ No

9. Following the original injury, did the employer make any accommodations or adjustments in the employee's regular duties due to injury related limitation? ☒ Yes ☐ No
If yes, provide full details.

Employee was restricted to lifting no more than 20 lbs. He was assigned to input inventory data and answering telephone for 2 months.

10. Please review the statements provided by the employee in response to Part A of this form and provide all relevant comments and additional information.

I have reviewed the comments. I was aware that John continued to have back pain and used aspirin to relieve the pain.

Supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

1. Signature of official superior (at time of recurrence)

42. Title

43. Official superior's work phone number
(333) 444-6666

44. Date (mo., day, year)
2-12-95

Jerry A. Smith

Chief, B & B Section

Figure 810-11 Continued. CA-2a - Recurrence of Disability

Form CA-2a
Rev. Sept. 1993

810-B-30

Report of Termination of Disability and/or Payment

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

DoD 1400.25-M



Part - A General

1. Name of Injured Employee (last, first, middle) <u>SMITH, Sandra D.</u>		2. Social Security Number <u>101-01-1010</u>	3. OWCP File Number (If known) <u>A06-08910</u>								
4. Department or Agency <u>Defense Logistics Agency</u>		5. Bureau or Office									
6. Name and Address of Reporting Office (Include Zip Code) <u>Defense Distribution Region East (Memphis), 2163 Airways Blvd. Memphis, TN 38114-5000</u>											
7. Date and Hour of Injury (Mo., day, year) <u>1-12-95</u> <input checked="" type="checkbox"/> AM <u>11:00</u> <input type="checkbox"/> PM	8. Date and Hour Stopped Work (Mo., day, year) <u>1-12-95</u> <input checked="" type="checkbox"/> AM <u>11:00</u> <input type="checkbox"/> PM	9. Date and Hour Pay Stopped (Mo., day, year) <u>N/A</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	10. Date and Hour Returned to Work (Mo., day, year) <u>06:30</u> <input checked="" type="checkbox"/> AM <u>1-18-95</u> <input type="checkbox"/> PM								
11. Employee's Work Week On Return To Duty If Other Than Monday Through Friday <u>S M T W T F S</u>		12. Present Pay Rate If Different From That Received At Time Employee Stopped Work. <table border="1"> <tr> <td>a. Base Pay</td> <td>b. Subsistence</td> <td>c. Quarters</td> <td>d. Other (Specify)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)				
a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)								
13. Inclusive Dates Employee Received Pay For Any Part of The Period of Absence Because of:											
a. Annual Leave		b. Sick Leave									
From: <u>N/A</u> Through: <u>N/A</u>		From: <u>N/A</u> Through: <u>N/A</u>									
c. Other (Specify)											
14. Has Employee's Work Assignment Been Changed Because of Disability Resulting From This Injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe The Type of Work Employee Is Performing. <u>Temporary restrictions on lifting (no more than 5 lbs) for 2 weeks, then resume normal duties.</u>											
15. If Interrupted, Show Dates Deductions For Health Benefits and/or Optional Insurance Were Resumed (Mo., day, year) Health Benefit <u>N/A</u> Optional Insurance <u>N/A</u>		16. If Health Benefits Option Has Changed Since Disability Began, Show New Code Number and Date of Change (Mo., day, year) Number <u>N/A</u> Date <u></u>									
17. Remarks:											

Part - B Continuation of Pay

18. Inclusive Dates That The Employee's Regular Pay Continued During The Period Of Disability. Do not include period of sick or annual leave (Mo., day, year) From: <u>1-13-95</u> Through: <u>1-17-95</u>		19. Show The Gross Dollar Amount Of Regular Pay Which The Employee Received During The Period Of Disability. Do not include pay received for sick leave or annual leave. <u>3x8x9.66ph = \$ 231.84</u>									
20. If Pay Rate Changed During The Period Employee Was Receiving Continuation Of Pay, Show The Date of Change (Mo., day, year) <u>N/A</u>	21. If Pay Rate Changed During The Period Employee Was Receiving Continuation of Pay, Give New Rate <table border="1"> <tr> <td>a. Base Pay</td> <td>b. Subsistence</td> <td>c. Quarters</td> <td>d. Other (Specify)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)				
a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)								
22. Signature of Supervisor <u>John D. Smith</u>	23. Title and Office Phone Number Chief, Security Office <u>111-222-3333</u>		24. Date (Mo., day, year) <u>January 21, 1995</u>								

Figure 810-12. CA-3 - Report of Termination of Disability.

Form CA-3
Rev. 1-1988

810-B-31

INSTRUCTIONS FOR COMPLETING FORM CA-3
WHEN EMPLOYEE RETURNS TO WORK

PART - A

REQUIRED
WRITTEN
REPORT

- When disability ceases and/or employee returns to work, the official superior shall immediately report that fact to the OWCP on Form CA-3 unless this information has been previously submitted on Form CA-1 or CA-2 or otherwise. This form should be submitted for each injury resulting in time lost from work whether or not claim for compensation is made.

TELEPHONE/
TELEGRAPH
REPORT

- If the employee is receiving disability compensation periodically each four weeks, the official superior should immediately telephone or telegraph the OWCP advising the date employee returned to work. This will avoid an overpayment of compensation. Follow-up should then be made with Form CA-3.

PAY RATE
INFORMATION

- Employee's base pay in items 12a or 21a should not include value of subsistence, quarters or other pay. These should be shown separately in their own columns.

PART - B

CONTINUATION
OF PAY

- In most traumatic injury cases, the employee will have qualified for and received continuation of pay under 5 USC 8118 (FECA). When this occurs, items 9, 13, and 15 in Part A will usually be left blank. When there is a continuation of pay, Part B must always be completed, unless the information has been submitted on Form CA-7, Claim for Compensation on Account of Traumatic Injury.

**CPMS Instructions for Completing Form CA-3,
Report of Termination of Disability and/or Payment**

PART A. General. Items 1 through 24.

Item 1. Enter employee's last name, first name, middle name (enter "NMN" if no middle name).

Item 2. Enter employee's social security number.

Item 3. Enter the OWCP file number. Check for correctness.

Item 4. Enter agency (USAF, NAVY, ARMY, DLA, DeCA, etc.).

Item 5. Enter name of major command and installation where the employee was assigned at the time of the disabling injury or illness.

Item 6. Enter complete address of the servicing CPO authorized to forward the CA-3 to the OWCP. This address may or may not be the same as Item 5.

Item 7. If the injury was traumatic, refer to Item 10 on Form CA-1. If the injury or illness was occupational, refer to Item 12 on the Form CA-2.

Item 8. If the injury was traumatic, refer to Item 23 on the Form CA-1. If the injury or illness was occupation, refer to Item 27 on the Form CA-2.

Item 9. If the injury was traumatic, refer to Item 24 on the Form CA-1. If the injury or illness was occupational, refer to Item 28 on the Form CA-2.

Item 10. Enter month, day, year, and time the employee returned to full-time duty. If total disability has been terminated and the employee has not returned to work, enter "HAS NOT RETURNED."

Item 11. If the employee returns to his normal workweek:

- If the injury was traumatic, refer to Item 20 on the Form CA-1;

- If the injury or illness was occupation, refer to Item 22 on the Form CA-2; or

- If the employee returns to a modified workweek due to limited duty assignment or due to a change in his or her normal workweek, enter the new workweek.

- If the employee has not returned to work, enter "NA."

Item 12. Enter the employee's pay rate on the day of return to work if it is different from that received on the date the disability began.

Item 13. If, subsequent to the injury and before returning to work, the employee used sick or annual leave either in lieu of COP or pending approval of compensation payments, itemize such usage in 13(a) and 13(b).

Item 14. Check "NO" if employee returned to normal duty without limitations. Check "YES" if the employee returned to work and the work assignment was modified to accommodate the disability. If so, describe the new duties and indicate if they are for limited duty or a permanent modification to accommodate a permanent disability.

Item 15. If the employee did not enter in a period of LWOP spanning at least one complete pay period, enter "NA."

Item 16. Self-explanatory.

Item 17. If the employee has not returned to work and if either the COP has been terminated or OWCP has been asked to terminate compensation payments, enter the appropriate details and attach pertinent documentation.

Figure 810-12 Continued. CA-3 with Instructions.

PART B, Continuation of Pay, Items 18 through 21. Complete Part B only if the employee was disabled due to a traumatic injury and received COP, unless all information was previously submitted. (The employee used Form CA-7 to claim compensation payments when the disability continues beyond the 45-day period.)

Item 18. Enter the total period COP was paid. The "From" date should agree with Item 25 on the Form CA-1. The "Through" date may be:

- a. The day before the day the employee returned to full-time work;
- b. The 45th day of COP; or
- c. The day before the day COP was terminated for cause.

Item 19. Enter appropriate monetary figure.

Items 20-21. Complete these items only if the employee's rate of pay changed during the period of COP.

Items 22-24. Person completing the form also completes these items.

Claim for Compensation by Widow,
Widower, and/or Children

U.S. Department of Labor ^{Doc 1406-25-96}
Employment Standards Administration
Office of Workers' Compensation Programs



OMB No. 1215-0155
Expires: 03-31-92

1. Name of deceased employee (Last, first, middle) <u>GOODE, Jason B.</u>	2. Date of Birth (Mo., day, year) <u>6-2-57</u>	3. Date of Injury (Mo., day, year) <u>1-27-95</u>	4. Date of Death (Mo., day, year) <u>2-1-95</u>	5. Social Security Number <u>19 19 19 18 18 7 17 17</u>
6. Name and address of employing agency (Include zip code) <u>DFAS-CO-HR</u> <u>Columbus, OH 43218-2317</u>		7. Nature of injury which caused death <u>Massive head trauma incurred in vehicle accident while TDY.</u>		
Claim of Surviving Husband or Wife (Items 8 through 13)				
8. Name and address (Include Zip Code) <u>Mrs. Mary I. Goode</u> <u>100 Boylston Avenue</u> <u>Newark, OH 43055</u>			9. Your Date of Birth (Mo., day, year) <u>1-5-60</u>	10. Date of Marriage to Employee (Mo., day, year) <u>6-15-80</u>
11. Were you living with the employee at time of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. Were you ever married to anyone other than the employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Was employee ever married to anyone other than yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. List all of employee's children from this marriage who may be entitled to compensation (See attached information sheet for definition of children):				
Name	Relationship	Date of Birth	Address (Include Zip Code)	
<u>Mary Lou</u>	<u>Daughter</u>	<u>1-14-84</u>	<u>Same As Item #8</u>	
<u>John Jason</u>	<u>Son</u>	<u>7-1-86</u>	<u>Same As Item #8</u>	
14a. List all of employee's children from prior marriages who may be entitled to compensation:				
Name	Relationship	Date of Birth	Address (Include Zip Code)	
<u>None</u>				
15. If a legal guardian has been appointed for any child named above, give name of child, name and address of the guardian.				
Child	Guardian	Guardian's Address (Include Zip Code)		
<u>None</u>				
16. List other relatives who were fully or partially dependent on employee:				
Name	Relationship	Date of Birth	Address (Include Zip Code)	
<u>None</u>				
17. If employee was ever in the Armed Forces of the United States, give: Service number: <u>N/A</u> Branch of service: Period of service:			18. If application has been made for Veterans Administration (VA) benefits because of employee's death, give: VA Claim number: <u>N/A</u> Address of VA office where claim is filed:	
19. If application has been made for U.S. Civil Service Annuity or any other Federal Retirement or Disability Law because of employee's death, give: Claim Number: <u>Claim filed 2-7-95.</u> Date Annuity began: Amount paid per month: \$ <u> </u>			20. If a claim has been made against a third party because of employee's death, give: Amount of recovery: \$ <u> </u> <u>N/A</u> Name and address of third party:	
21. Total burial expense <u>\$ 8,500</u>	22. Amount of burial expense paid or payable by VA <u>\$ None</u>	23. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: <u>Mary I. Goode</u> <u>\$ 8,500</u>		
I hereby certify that each and every statement made above is true to the best of my knowledge.				
24. Signature of person filing claim <u>Mary I. Goode</u>		25. Address (Include Zip code) <u>100 Boylston Ave.</u> <u>Newark, OH 43055</u>		26. Date (Mo., day, year) <u>2-7-95</u>

Figure 810-13. Claim for Compensation by Widow/Widower, and or Children.

Form CA-5
Rev. Mar. 1989

810-B-35

Attending Physician's Report

1. Name of deceased employee (Last, first, middle)		2. Date of death (Mo., day, year)
3. What history of injury or employment related disease was given to you?	4. If treated for disease, give diagnosis.	
5. If death was not instantaneous, describe the treatment you provided.		6. Show dates on which treatment was given.
7. What was the direct cause of death?		
8. What were the contributory causes of death, if any?		
9. In your opinion, was the death of the employee due to the injury as reported in item 3 above? Give the medical reasons for your opinion, unless causal relationship is obvious. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Was a biopsy or an autopsy performed? If yes, give name and address of physician and arrange for a copy of the report to be submitted. <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Name and address (Please type - include Zip Code)	12. Signature	13. Date signed (Mo., day, year)

**INSTRUCTIONS FOR COMPLETING FORM CA-5, CLAIM FOR COMPENSATION
BY WIDOW, WIDOWER, AND/OR CHILDREN**

- | | |
|--------------------------------|---|
| Who Should
File Claim | <ul style="list-style-type: none">● This claim form should be completed and filed by the widow or widower for self and surviving children. If there is no surviving widow or widower, the children's guardian completes the claim. |
| When Should
Claim Be Filed | <ul style="list-style-type: none">● Claim must be filed within three years following date of death, unless the decedent's immediate superior had actual knowledge of an on-the-job injury or death within 30 days; or written notice of the injury or death was given within 30 days. The timely filing of a disability claim will satisfy the time requirements for a death claim based on the same injury. |
| What Documents
Are Required | <ul style="list-style-type: none">● The marriage certificate(s) for a widow or widower; death certificate for decedent if not previously submitted; birth certificate or adoption documents for each child. Also, if appropriate, Letter of Guardianship. If either the decedent or the surviving spouse was previously married, legal documents showing dissolution of such prior marriage(s). Copies of certificates or documents are acceptable only if they are certified by the person having official custody of such records. They should then be attached to the claim form when it is filed. |
| How to
Complete Claim | <ul style="list-style-type: none">● All items should be completed. If an item is not applicable, indicate by showing "NA". Note that the form requests information about several different categories of persons, i.e., items 1-7 make inquiry about the decedent; 8-13 the surviving widow or widower; 14-14a, surviving children; and 15, the children's guardian. The attending physician's report on the reverse of the claim must also be completed before the form is submitted to the OWCP. |
| Funeral/Burial
Allowance | <ul style="list-style-type: none">● Submit original itemized funeral and burial bills. If paid, so indicate and give name and address of person making payment. If an Administrator or Executor has been appointed, give such person's name and address and attach a copy of the appointment document. |

See the reverse of this page for a definition of dependents and a description of benefits.

Form CA-5
Rev. Mar. 1989

Figure 810-13 Continued

810-B-37

**DEATH BENEFITS FOR SURVIVING WIDOW, WIDOWER AND/OR CHILDREN
UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)**

- | | |
|-----------------------------|---|
| Widow or
Widower | <ul style="list-style-type: none">● To qualify for benefits, a widow or widower must have been living with the employee or separated for reasonable cause prior to the time of death. Payments continue for life or until remarriage. Upon remarriage, a widow or widower will receive a lump sum equal to 24 times his or her monthly compensation. If the remarriage occurs at age 60 or later, no lump sum is paid. Instead, payments continue for life. |
| Children | <ul style="list-style-type: none">● Eligible children include natural, adopted, step and posthumous children unmarried and under 18 years of age. Payments continue beyond 18 if the child is incapable of self-support because of mental or physical incapacity. Payments also continue on behalf of children over 18 if they are full-time students. Student benefits terminate on: marriage, completion of four years of education beyond high school level, or at age 23, whichever occurs first. |
| Compensation
Rates | <ul style="list-style-type: none">● For widows or widowers - 50% of the employee's monthly pay if there are no surviving eligible children - 45% if there are eligible children. <p style="margin-left: 40px;">Children - 15% each, not to exceed a total of 30%, shared equally if there is a widow or widower; If there is no widow or widower, 40% for one child plus 15% for each additional child, shared equally. Monthly payments for all beneficiaries cannot exceed 75% of the employee's monthly pay rate, or 75% of the top step of GS-15 of the General Schedule.</p> |
| Funeral/Burial
Allowance | <ul style="list-style-type: none">● Funeral and burial expenses up to a maximum of \$800 may be paid. Amount paid by the VA will be deducted. If death occurs away from the employee's duty station, transportation costs may be paid to return the deceased employee to his home or last place of residence. In addition to any funeral or burial expenses, a sum of \$200 may be paid for reimbursement of the costs of termination of the decedent's status as an employee of the United States. |
| Third Party
Action | <ul style="list-style-type: none">● If the injury or death results from activity of a person or party other than the Federal Government, a "third party action" or lawsuit may be indicated. In such instances the Department of Labor will provide further instructions. |

If additional information is needed, it may be obtained from the Office of Workers' Compensation Programs.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0155), Washington, D.C. 20503.

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Washington, D.C. 20402

Claim for Compensation by Parents,
Brothers, Sisters, Grandparents, or
Grandchildren

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Dec 96
DoD 1400.25



OMB No. 1215-0155
Expires: 03-31-92

1. Name of deceased employee (Last, first, middle) Sperry, Norton C.	2. Date of Birth (Mo., day, year) 10-01-64	3. Date of Injury (Mo., day, year) 12-10-93	4. Date of Death (Mo., day, year)	5. Social Security Number 5 5 5 4 4 3 3 3
6. Name and address of employing agency (Include zip code) Elmendorf Commissary DECA/NW-DP-ELM, Elmendorf AFB, AK 99506		7. Nature of injury which caused death Massive internal injuries incurred in auto accident		
8. Name of dependent (Last, first, middle) Sperry, Linda M.	9. Dependent's address (Include zip code) 110 Hunter Avenue Anchorage, AK 99501		10. Dependent's birth date (Mo., day, year) 12-01-24	
11. Dependent's Occupation None	12. Dependent's Social Security Number 100-20-3000	13. Dependent's relationship to employee Mother	14. Extent of dependency on employee <input checked="" type="checkbox"/> Total <input type="checkbox"/> Partial	
15. Total amount employee contributed to dependent's support during 12 months immediately prior to death. \$ 6,000.00	16. Did employee live with dependent during the 12 months immediately prior to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete 17 & 18.	17. Total amount employee paid dependent in money or service for room and board in addition to amount shown in 15. \$ None Per _____	18. If no fixed amount was paid for room and board, what is the fair value of such room and board? \$ 2,000.00 Per year	
19. If dependent was employed during 12 month period prior to employee's death, give: Type of work performed: Period of employment: Was not employed Monthly pay rate: Name and address of employer:		20. Show dependent's income from all sources other than employment during 12 month period prior to employee's death: Investments \$ - 0 - Pensions 4,000.00 Persons other than employee - 0 - Other - 0 - Total \$4,000.00		

Information about dependent's husband or wife (Items 21 through 25) **Widow**

21. Birth Date (Mo., day, year)	22. Occupation	23. Monthly pay rate \$ _____	24. Total income from all sources for 12 months prior to employee's death. \$ _____
---------------------------------	----------------	---	---

25. List all property owned by dependent and husband or wife (omit clothing, furniture, personal items).

Description	Date Acquired	Value
None		

26. If employee was ever in the Armed Forces of the United States, give: Service number: N/A Branch of service: Period of service:		27. If an application has been made for Veterans Administration (VA) benefits because of employee's death, give: VA Claim number: N/A Address of VA office where claim is filed:	
28. If an application has been made for U.S. Civil Service Annuity or any other Federal Retirement or Disability Law because of employee's death, give: Claim Number: N/A Date Annuity began: Amount paid per month: \$ _____		29. If a claim has been made against a third party because of employee's death, give: Amount of recovery: \$ Pending Name and address of third party: Black's Produce Co. 66 Pinewood Anchorage, AK 99500	
30. Total burial expense \$ 6,500.00	31. Amount of burial expense paid or payable by VA \$ None	32. Name and address of party (other than VA) whose funds were used to pay burial expense and amount paid: Linda Perry Same As Above \$ 6,500.00	

I hereby certify that each and every statement made above is true to the best of my knowledge. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.

33. Signature of person filing claim Linda M. Sperry	34. Address (Include Zip code) 110 Hunter Ave Anchorage, AK 99501	35. Date (Mo., day, year) 01-04-94
--	---	--

Attending Physician's Report

1. Name of deceased employee (Last, first, middle)		2. Date of death (Mo., day, year)
3. What history of injury or employment related disease was given to you?	4. If treated for disease, give diagnosis.	
5. If death was not instantaneous, describe the treatment you provided.		6. Show dates on which treatment was given.
7. What was the direct cause of death?		
8. What were the contributory causes of death, if any?		
9. In your opinion, was the death of the employee due to the injury as reported in item 3 above? Give the medical reasons for your opinion, unless causal relationship is obvious. <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Was a biopsy or an autopsy performed?
Arrange for a copy of the report to be submitted. ☐ Yes ☐ No

11. Name and address (Please type - include Zip Code)

I certify that all statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any knowingly false or misleading statement or concealment of material fact may subject me to felony criminal prosecution.

12. Signature	13. Date signed (Mo., day, year)
---------------	----------------------------------

**INSTRUCTIONS FOR COMPLETING FORM CA-5b, CLAIM FOR COMPENSATION
BY PARENTS, BROTHERS, SISTERS, GRANDPARENTS OR GRANDCHILDREN**

Who Should File Claim	This claim form should be completed and filed by the deceased employee's parents, grandparents or representative (custodian or guardian) of minor brothers, sisters or grandchildren. A separate form is required for each person claiming benefits.
When Should Claim Be Filed	Claim must be filed within three years following date of death, unless the decedent's immediate superior had actual knowledge of an on-the-job injury or death within 30 days; or written notice of the injury or death was given within 30 days. The timely filing of a disability claim will satisfy the time requirements for a death claim based on the same injury.
What Documents Are Required	The birth certificate of the deceased employee; also a death certificate if not previously submitted; birth certificates for minor brothers, sisters and grandchildren. If claim is made on behalf of a grandparent, birth certificate of decedent's mother or father, as appropriate. If claim is made on behalf of a grandchild, birth certificate of decedent's son or daughter as appropriate. Copies of certificates or documents are acceptable only if they are certified by the person having official custody of such records. They should then be attached to the claim form when it is filed.
How to Complete Claim	All items on the claim form should be completed. If an item is not applicable, indicate by showing "NA". Note that the claim form requests information about several categories of persons, i.e., items 1-7 make inquiry about the decedent; 8-20 the dependent; 21-25 the dependent's husband or wife, if married at the time of employee's death. The attending physician's report on the reverse of the form must also be completed before the form is submitted to the OWCP.
Funeral/Burial Allowance	Submit original itemized funeral and burial bills. If paid, so indicate and give name and address of person making payment. If an Administrator or Executor has been appointed, give such person's name and address and attach a copy of the appointment document.

See the reverse of this page for a definition of dependents and a description of benefits.

Public Burden Statement

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**DEATH BENEFITS FOR PARENTS, BROTHERS, SISTERS, GRANDPARENTS
AND GRANDCHILDREN UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)**

Eligible Dependents	<ul style="list-style-type: none"> ● Benefits are payable on behalf of partially or totally dependent parents, brothers, sisters, grandparents and grandchildren.
Period Of Entitlement	<ul style="list-style-type: none"> ● Parents and grandparents: Payments continue until death, remarriage or termination of dependency. <p>Minor brothers, sisters and grandchildren: Payments continue until death, marriage or attainment of 18 years of age. Payments may continue beyond 18 if the child is mentally or physically incapable of self-support or is a "full-time" student. Student benefits terminate on: marriage, completion of 4 years of education beyond high school level, or at age 23, whichever occurs first.</p>
Compensation Rates	<ul style="list-style-type: none"> ● For parent - 25% of the employee's monthly pay, if one is wholly dependent and the other is not dependent at all. If both are wholly dependent - 20% each. A proportionate amount is paid if either or both are partially dependent. <p>Brothers, sisters, grandparents, and grandchildren - 20% if only one is wholly dependent. If more than one is wholly dependent - 30% shared equally. If one or more is partially dependent - 10% shared equally if more than one.</p>
Payment Priorities	<ul style="list-style-type: none"> ● Monthly payments for all beneficiaries cannot exceed 75% of the employee's monthly salary or 75% of the top step of GS-15 of the General Schedule. The surviving widow or widower and children have first priority. Other eligible dependents may receive payment only if the widow or widower and children's percentages are less than 75%.
Funeral/Burial Allowance	<ul style="list-style-type: none"> ● Funeral and burial expense up to a maximum of \$800 may be paid. Amount paid by the VA will be deducted. If death occurs away from the employee's duty station, transportation costs may be paid to return the deceased employee to his home or last place of residence. In addition to any funeral or burial expenses, a sum of \$200 may be paid for reimbursement of the costs of termination of the decedent's status as an employee of the United States.
Third Party Action	<ul style="list-style-type: none"> ● If the employee's death was caused by a person or party other than the Federal Government, a "third party action" or lawsuit may be indicated. In such instances the Department of Labor will provide further instructions.

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 10. (4) Furnishing all requested information will facilitate the claims adjudication process; and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits (disclosure of a social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled).

THIS NOTICE SHOULD BE RETAINED FOR YOUR INFORMATION.

If additional information is needed, it may be obtained from the Office of Workers' Compensation Programs.

Form CA-5b
Rev. Mar. 1989.

Figure 810-14 Continued

810-B-42

Official Superior's Report of
Employee's Death

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Dec 96

DoD 1400.25-M



1. Name of Deceased Employee (Last, first, middle) GOODE, Jason B.		2. Date of Birth (Mo., day, year) 06-02-57		3. <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		4. Social Security No. 999-88-7777	
5. Department or Agency US Army Air Materiel Command Red River Army Depot				6. OWCP Agency Code 1234-AB		7. OSHA Site Code	
8. Name and Address of Reporting Office SDSRR-RM Red River Army Depot Texas Kana, TX 75507				9. Name and Office Phone Number of Employee's Official Superior Jim Morris (111) 456-7890			
10. Date and Hour of Injury (Mo., day, year) 1-27-95 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		11. Date and Hour of Death (Mo., day, year) 2-1-95 7:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		12. Date and Hour Employee's Pay Stopped (Mo., day, year) 2-1-95 04:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM			
13. Describe how injury occurred Employee lost control when tire blew while midpoint on curve while driving government vehicle on government business.				14. Was employee in performance of duty when injury occurred? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if No, explain):			
15. Location where injury occurred Eastern Drive		16. Location where death occurred Memorial Hospital		17. Immediate cause of death (Attach medical and autopsy report if available) Massive Head Trauma			
18. Employee's pay rate as of		a. Base pay		b. Subsistence		c. Quarters	
A. Date of injury 1-27-95		\$ 14.64 per		\$ N/A per		\$ N/A per	
B. Date pay stopped 2-1-95		\$ 14.64 per		\$ per		\$ per	
19. Did employee work in position held at time of injury for a full eleven months immediately prior to the injury? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				20. If answer to 19 is no, would position have afforded employment for eleven months except for the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Did employee receive leave pay for any part of period from time pay stopped to date of death? (Give inclusive dates) No From To				22. a. Occupation code 0801			
23. Did employee receive continuation of pay (COP) during period prior to death? a. Pay rate used for COP \$14.64 \$ 14.64 per hr.				b. Inclusive dates of COP From 1-28-95 To 2-1-95		b. Type code 800	
						c. Source code 0421	
				OWCP use - NOI code			
24. If employee was enrolled in Health Benefit Plan for self and family, show HBS Code Number: 202		25. Show date through which HBS deductions were last made (Mo., day, year) 1-29-95		26. If employee received medical care prior to death, give name and address of attending physician Larry Smith, M.D. Memorial Hospital			
27. If injury was caused by a third party, give name and address of third party N/A		28. Give name and address of the attorney representing the survivors if legal action is instituted against the third party N/A		29. Show amount of third party recovery, if any \$ N/A			
30. If employee was a member of the Armed Services of the United States, show: Branch of Service: Navy Serial No. (if known) 999-88-7777				31. Has claim for survivor's benefits been filed with the Office of Personnel Management? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
32. Name and address of employee's spouse or next of kin (Show relationship, if other than spouse) Mary I. Goode 100 Birch Field Drive - Texarkana, TX 75506							
33. Signature of Official Superior Jim Morris				34. Title Chief, Systems Branch		35. Date (Mo., day, year) 2-7-95	

Figure 810-15. Supervisor's Report of Employee's Death.

Form CA-6
Rev. Nov. 1986

810-B-43

Instructions for Completing Form CA-6

When a Federal employee dies as a result of injury in performance of duty or because of an employment related disease, the death should be reported on this form. This form eliminates the need to complete and file the official superior's report on Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation.

The form is to be completed by the deceased employee's official superior or other authorized official of the employing agency. It should be accompanied by a certified copy of the death certificate, when submitted to OWCP.

Form CA-5 or CA-5b should be supplied to the employee's spouse or next of kin.

If additional space is required, attach separate sheets and number the answers to correspond with the items on the form.

For additional information about death benefits, see 20 CFR 1.1 and/or Chapter 810, Injury Compensation, Federal Personnel Manual.

**Box 22a (Occupation Code), Box 22b (Type Code),
Box 22c (Source Code), OSHA Site Code**

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, Recordkeeping and Reporting Guidelines.

OWCP Agency Code

This is a four digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

**DCPMS Instructions for Completing Form CA-6,
Official Superior's Report of Employee's Death**

- Item 1. Enter employee's last name, first name, and middle name (if no middle name, enter "NMN.")
- Items 2-4. Self-explanatory.
- Item 5. Enter ARMY, NAVY, Air Force, or appropriate activity.
- Item 6. Enter activity chargeback code. (OWCP Agency Code)
- Item 7. Enter OSHA Site Code.
- Item 8. Enter name and address of servicing CPO/HRO.
- Item 9. Self-explanatory.
- Item 10. Enter month, day, year, and time of injury.
- Item 11. Enter month, day, year, and time of death.
- Item 12. Enter date and hour employee's pay stopped. If employee was in a duty status at the time of death, the remainder of date of death is charged to administrative leave.
- Item 13. Enter detailed description of how injury occurred. Use attachment, if necessary.
- Item 14. Check appropriate box. If checking "no," explain fully.
- Item 15. Enter exact location of injury - specific work area.
- Items 16-17. Self-explanatory.
- Item 18. Enter employee's pay rate as of date of injury and date pay stopped.
- Item 19. Check appropriate box.
- Item 20. Enter "no" only if the employee was a temporary.
- Item 21. Enter the beginning and ending dates of any annual or sick leave used. If time loss was intermittent, attach a list of dates lost and type leave taken.
- Item 22. Enter occupation, type, and source codes.
- Item 23. Self-explanatory.
- Items 24-25. Enter the health benefit plan code and the last day of the pay period in which health benefit deductions were made.
- Item 26. Indicate full name and complete address, including ZIP code.
- Items 27-35. Self-explanatory.

Figure 810-15 Continued. Supervisor's Report of Employee's Death
with Instructions.

**Claim for Compensation
On Account of Traumatic Injury
or Occupational Disease**

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Employee Statement			2. OWCP File Number	
1. Name of Employee Last: Thomas First: Betty Middle: B.			00-0000	
3. Social Security Number 0 0 0 - 2 2 - 1 1 1 1 1	4. Period of wage loss for which compensation is claimed From mo. day yr. Thru mo. day yr. 12 12 196 13 15 196		Hours 256	5. Is this a claim for a schedule award? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Has any pay been received for period shown in Item 4? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. If yes, amount From mo. day yr. Thru mo. day yr.		
8. Was claim made against 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name of 3rd party or insurance carrier		
10. Has the claim been settled? Give amount recovered.		Address: City: State: Zip:		
11. Have you ever applied for or received benefits from the Veterans Administration based on disability incurred while serving in the Armed Forces of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, furnish >		a. Claim number	b. Address of VA office where claim is filed	c. Nature of disability and monthly payment
12. Have you applied for or received an annuity under the U.S. Civil Service Retirement Act or any other Federal Retirement or Disability Law? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, furnish >		a. Claim number	b. Date annuity began mo. day yr.	c. Amount of monthly payment \$

Dependents				
13. List your dependents				
Name	Date of Birth mo. day yr.	Relationship	Living with you? (yes/no)	Mailing Address, if different from your own
N/A				

14. Support information for above dependents Are you making support payments for a dependent shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Were support payments ordered by a court? If so, attach copy of court order. <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. If yes, support payments are made to: Last First Middle			
Street			
City	State	Zip	17. Amount Per

Signature of Employee	
18. I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States, said injury not being due to willful misconduct on my part or to my intention to bring about the injury or death of myself or another, or to my intoxication. I have been disabled because of this injury and have not refused or failed to perform any work I was able to do during the period for which compensation is claimed, and every statement above is true to the best of my knowledge and belief.	
Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain compensation under the Federal Employees' Compensation Act, or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.	
Employee's signature <i>Betty B. Thomas</i>	Date (Mo., day, year) 3/18/96
19. Employee's home mailing address (include Zip Code)	
Street 6337 Ashley Lane	
City Springfield	State VA Zip 22015

Statement of Official Superior

20. Pay Rate As Of: 12/18	a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)
Date of Injury 12/18	\$ 10.25 per hr.	\$ N/A per	\$ N/A per	\$ N/A per
Date Employee Stopped Work	\$ per	\$ per	\$ per	\$ per

21. If employee received additional pay, identify type and show amount

<input type="checkbox"/> Premium Pay	N/A	per	<input type="checkbox"/> Night Pay	N/A	per
<input type="checkbox"/> Sunday Pay	N/A	per	<input type="checkbox"/> Other (Identify)		per

22. Show work schedule for week pay stopped

☐ Sun ☒ Mon ☒ Tue ☒ Wed ☐ Thu ☒ Fri ☐ Sat

23. Did employee work in position for 11 months prior to injury?

☒ Yes ☐ No

24. If not, would position have afforded employment for 11 months but for the injury?

☐ Yes ☐ No

25. Total length of federal civilian service

Yrs. Mos.
15 6

Health Benefits and Optional Life Insurance

26. Was the employee enrolled in a Health Benefits Program on the date pay stopped?

☒ Yes ☐ No

27. Was the employee enrolled in an Optional Life Insurance Program on the date pay stopped?

☒ Yes ☐ No

If yes, give code

3 10 1

If yes, was employee enrolled in Option

☒ A

☐ B

☒ C

Ending date of the pay period in which HBS / OLI Deductions were last made?

mo. day yr.
2 10 96

If Option B, show number of multiples

Leave and Continuation of Pay

28. Type and inclusive dates employee received leave for any part of period since stopping work. Specify type of leave, SICK, ANNUAL, or OTHER

Type of Leave	From	mo.	day	yr.	Thru	mo.	day	yr.	Type of Leave	From	mo.	day	yr.	Thru	mo.	day	yr.
Type of Leave LWOP	From	2	2	96	Thru	3	15	96	Type of Leave	From				Thru			

29. If employee received continuation of pay (COP), give dates.

COP 12/19/95-2/1/96

30. Date all pay stopped

Hour

mo. day yr.
2 2 96

8 30

☒ AM

☐ PM

31. Period for which compensation is claimed

From mo. day yr. Thru mo. day yr.

2 2 96

3 15 96

Return to Duty

32. Date returned to work

Hour

mo. day yr.
3 16 96

8 30

☒ AM

☐ PM

33. Work schedule when returned to work

☐ Sun

☒ Mon

☒ Tue

☒ Wed

☒ Thu

☒ Fri

☐ Sat

34. Did the work assignment change because of disability resulting from the injury? Describe.

☐ Yes ☐ No

35. Pay rate on return to work

\$ 10.46

Per hr.

Certification

36. A supervisor who knowingly certifies to any false statement, misrepresentation, or concealment of fact, with respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Signature of supervisor

Carlynn M. Smith

Date 3/18/96

Supervisor's title Employee Relations Specialist

Agency name & address Dept. of Army, 6666 High Ave.

Office phone 202-219-8888

Washington, DC 2041

37. If OWCP needs specific pay information the person who should be contacted is

☒ Supervisor

☐ Other: Name

810-B-48

Phone

Attending Physician's Report

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Dec 96

DoD 1400.25-M

Record of Examination

1. Patient's name Last First Middle DAY, Donald L.			2. Date of Injury mo. day yr. 2 10 94		3. OWCP File Number A31-0114444		OMB No. 1215-0 Expires: 9-30-91	
4. What history of injury (including disease) Did patient give you? Employee fell from scaffold injuring right ankle.								
5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? (If yes, please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No							ICD-9 Code 	
6. What are your findings? (Include results of X-Rays, laboratory reports, etc.) Sprained right ankle.								
7. What is your diagnosis?							ICD-9 Code 	
8. Do you believe the condition found was caused or aggravated by an employment activity? (Please explain answer) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
9. Did injury require hospitalization? If no, go to item #12 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			10. Date of admission mo. day yr. 		11. Date of discharge mo. day yr. 		12. Additional Hospitalization require If Yes, describe in "Remarks" (Item 25) <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. What treatment did you provide?								
14. Date of first examination mo. day yr. 2 10 94			15. Date(s) of treatment mo. day yr. mo. day yr. mo. day yr. 2 10 94				16. Date of discharge from treatr mo. day yr. 	
17. Period of total disability From mo. day yr. Thru mo. day yr. 			18. Period of Partial Disability From mo. day yr. Thru mo. day yr. 2 10 94 3 12 94			19. Date employee able to resum light work mo. day yr. 2 11 94		
20. Date employee is able to resume regular work mo. day yr. 3 13 94			21. Has employee been advised that he/she can return to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. If yes, on what date was he/she advise mo. day yr. 3 12 94		
23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in item #24 if necessary.)						24. Are any permanent effects expected as result of this injury? If yes, describe in item #24. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25. Remarks								
26. If you have referred the employee to another physician provide the following: Name Address City State Zip						Specialty 27. What was the reason for this referral? <input type="checkbox"/> Consultation <input type="checkbox"/> Treatment		
Signature 28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution. Signature of Physician _____ Date _____								
29. Name of Physician Address City State Zip						30. Tax ID Number 31. Do you specialize? <input type="checkbox"/> Yes <input type="checkbox"/> N 32. If yes, indicate specialty		

Claim for Compensation
On Account of Traumatic Injury
or Occupational Disease

Dec 96
U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Employee Statement

1. Name of Employee Last First Middle Smith Joseph P.			2. OWCP File Number 02-22200
3. Social Security Number 6 8 8 0 0 2 6 8 2	4. Period of wage loss for which compensation is claimed From mo. day yr. Thru mo. day yr. 04 01 96 09 06 96		Hours 1096
5. Is this a claim for a schedule award? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6. Has any pay been received for period shown in item 4? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. If yes, amount From mo. day yr. Thru mo. day yr.	
8. Was claim made against 3rd party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name of 3rd party or insurance carrier	
10. Has the claim been settled? Give amount recovered.		Address City State Zip	
11. Have you ever applied for or received benefits from the Veterans Administration based on disability incurred while serving in the Armed Forces of the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, furnish >		a. Claim number	b. Address of VA office where claim is filed
12. Have you applied for or received an annuity under the U.S. Civil Service Retirement Act or any other Federal Retirement or Disability Law? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, furnish >		a. Claim number	b. Date annuity began mo. day yr. \$

Dependents

13. List your dependents				
Name	Date of Birth mo. day yr.	Relationship	Living with you? (yes/no)	Mailing Address, if different from your own
Mary E. Smith	03 31 50	Wife	Yes	

14. Support Information for above dependents Are you making support payments for a dependent shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Were support payments ordered by a court? If so, attach copy of court order. <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. If yes, support payments are made to: Last First Middle			
Street			
City State Zip		17. Amount Per	

Signature of Employee

18. I hereby make claim for compensation because of the injury sustained by me while in the performance of my duty for the United States, said injury not being due to willful misconduct on my part or to my intention to bring about the injury or death of myself or another, or to my intoxication. I have been disabled because of this injury and have not refused or failed to perform any work I was able to do during the period for which compensation is claimed, and every statement above is true to the best of my knowledge and belief.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain compensation under the Federal Employees' Compensation Act, or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both.

Employee's signature

Joseph P. Smith

Date (Mo., day, year)

9/9/96

19. Employee's home mailing address (Include Zip Code)

Street
812 South Jefferson Street

City State Zip
Newark New Jersey 028051

Statement of Official Superior

20. Pay Rate As Of:	a. Base Pay	b. Subsistence	c. Quarters	d. Other (Specify)
Date of Injury 4/1/96	\$ 25.00 per hr.	\$ NA per	\$ NA per	\$ NA per
Date Employee Stopped Work 4/1/96	\$ 25.00 per hr.	\$ per	\$ per	\$ per

21. If employee received additional pay, identify type and show amount

<input type="checkbox"/> Premium Pay	NA	per	<input type="checkbox"/> Night Pay	NA	per
<input type="checkbox"/> Sunday Pay	NA	per	<input type="checkbox"/> Other (Identify)	NA	per

22. Show work schedule for week pay stopped

☐ Sun ☒ Mon ☒ Tue ☒ Wed ☒ Thu ☒ Fri ☐ Sat
23. Did employee work in position for 11 months prior to injury? ☒ Yes ☐ No24. If not, would position have afforded employment for 11 months but for the injury? ☐ Yes ☐ No

25. Total length of federal civilian service

Yrs. Mos.
14 09

Health Benefits and Optional Life Insurance

26. Was the employee enrolled in a Health Benefits Program on the date pay stopped? ☐ Yes ☒ No27. Was the employee enrolled in an Optional Life Insurance Program on the date pay stopped? ☐ Yes ☒ No

If yes, give code

If yes, was employee enrolled in Option

☐ A ☐ B ☐ C

Ending date of the pay period in which HBS / OLI Deductions were last made? mo. day yr.

If Option B, show number of multiples

Leave and Continuation of Pay

28. Type and inclusive dates employee received leave for any part of period since stopping work. Specify type of leave, SICK, ANNUAL, or OTHER

Type of Leave Sick Leave From mo. day yr. 04 01 96 Thru mo. day yr. 07 15 96

Type of Leave From mo. day yr. Thru mo. day yr.

Type of Leave Annual Leave From 10 1 16 96 Thru 09 06 96

Type of Leave From Thru

29. If employee received continuation of pay (COP), give dates.

NA

30. Date all pay stopped Hour : ☐ AM ☐ PM
mo. day yr. NA31. Period for which compensation is claimed
From mo. day yr. Thru mo. day yr.

Return to Duty

32. Date returned to work Hour : ☒ AM ☐ PM
mo. day yr. 09 09 96 7 30

33. Work schedule when returned to work

☐ Sun ☒ Mon ☒ Tue ☒ Wed ☒ Thu ☒ Fri ☐ Sat34. Did the work assignment change because of disability resulting from the injury? ☐ Yes ☒ No
Describe.

35. Pay rate on return to work

\$ 25.00 Per hr

Certification

36. A supervisor who knowingly certifies to any false statement, misrepresentation, or concealment of fact, with respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Signature of supervisor *Samuel Gills*

Date 09-15-96

Supervisor's title Budget Officer

Agency name & address Dept of Defense, Pentagon

Office phone

37. If OWCP needs specific pay information the person who should be contacted is

☐ Supervisor ☐ Other: Name

Phone

Attending Physician's Report

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DoD 1400.25-M
U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Record of Examination

1. Patient's name Last First Middle			2. Date of Injury mo. day yr. _ _ _		3. OWCP File Number		OMB No. 1215-0100 Expires: 9-30-91	
4. What history of injury (including disease) Did patient give you?								
5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? (If yes, please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No							ICD-9 Code _ _ _ _ _	
6. What are your findings? (Include results of X-Rays, laboratory reports, etc.)								
7. What is your diagnosis?							ICD-9 Code _ _ _ _ _	
8. Do you believe the condition found was caused or aggravated by an employment activity? (Please explain answer) <input type="checkbox"/> Yes <input type="checkbox"/> No								
9. Did injury require hospitalization? If no, go to item #12 <input type="checkbox"/> Yes <input type="checkbox"/> No			10. Date of admission mo. day yr. _ _ _		11. Date of discharge mo. day yr. _ _ _		12. Additional Hospitalization required If Yes, describe in "Remarks" (Item 25) <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. What treatment did you provide?								
14. Date of first examination mo. day yr. _ _ _		15. Date(s) of treatment mo. day yr. mo. day yr. mo. day yr.				16. Date of discharge from treatment mo. day yr. _ _ _		
17. Period of total disability From mo. day yr. Thru mo. day yr. _ _ _ _ _			18. Period of Partial Disability From mo. day yr. Thru mo. day yr. _ _ _ _ _			19. Date employee able to resume light work mo. day yr. _ _ _		
20. Date employee is able to resume regular work mo. day yr. _ _ _			21. Has employee been advised that he/she can return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			22. If yes, on what date was he/she advised? mo. day yr. _ _ _		
23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in item #24 if necessary.)						24. Are any permanent effects expected as a result of this injury? If yes, describe in item #24. <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. Remarks								
26. If you have referred the employee to another physician provide the following: Name Address City State Zip						Specialty 27. What was the reason for this referral? <input type="checkbox"/> Consultation <input type="checkbox"/> Treatment		
Signature								
28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution. Signature of Physician _____ Date _____								
29. Name of Physician Address City State Zip						30. Tax ID Number 31. Do you specialize? <input type="checkbox"/> Yes <input type="checkbox"/> No 32. If yes, indicate specialty		

Attending Physician's Report

Dec 96
U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Record of Examination			
1. Patient's name Last First Middle DAY, Donald L.		2. Date of Injury mo. day yr. 2 10 94	3. OWCP File Number A31-0114444
OMB No. 1215-0103 Expires: 9-30-91			
4. What history of injury (including disease) Did patient give you? Employee fell from scaffold injuring right ankle.			
5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? (If yes, please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No			ICD-9 Code _____
6. What are your findings? (Include results of X-Rays, laboratory reports, etc.) Sprained right ankle.			
7. What is your diagnosis?			ICD-9 Code _____
8. Do you believe the condition found was caused or aggravated by an employment activity? (Please explain answer) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Did injury require hospitalization? If no, go to item #12 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. Date of admission mo. day yr. _____	11. Date of discharge mo. day yr. _____	12. Additional Hospitalization required If Yes, describe in "Remarks" (Item 25) <input type="checkbox"/> Yes <input type="checkbox"/> No
13. What treatment did you provide?			
14. Date of first examination mo. day yr. 2 10 94	15. Date(s) of treatment mo. day yr. mo. day yr. mo. day yr. 2 10 94 _____		16. Date of discharge from treatment mo. day yr. _____
17. Period of total disability From mo. day yr. Thru mo. day yr. _____		18. Period of Partial Disability From mo. day yr. Thru mo. day yr. 2 10 94 3 12 94	
19. Date employee able to resume light work mo. day yr. 2 11 94		20. Date employee is able to resume regular work mo. day yr. 3 13 94	
21. Has employee been advised that he/she can return to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. If yes, on what date was he/she advised? mo. day yr. 3 12 94	
23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in item #24 if necessary.)		24. Are any permanent effects expected as a result of this injury? If yes, describe in item #24. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Remarks			
26. If you have referred the employee to another physician provide the following: Name Address City State Zip			Specialty 27. What was the reason for this referral? <input type="checkbox"/> Consultation <input type="checkbox"/> Treatment
Signature			
28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution. Signature of Physician _____ Date _____			
29. Name of Physician Address City State Zip		30. Tax ID Number 31. Do you specialize? <input type="checkbox"/> Yes <input type="checkbox"/> No 32. If yes, indicate specialty	

IMPORTANT: A MEDICAL REPORT IS REQUIRED BY THE OFFICE OF WORKERS' COMPENSATION PROGRAMS BEFORE PAYMENT OF COMPENSATION FOR LOSS OF WAGES OR PERMANENT DISABILITY CAN BE MADE TO THE EMPLOYEE.

IF YOU HAVE SUBMITTED A NARRATIVE MEDICAL REPORT OR A FORM CA-16 TO OWCP WITHIN THE PAST 10 DAYS, YOU NEED NOT SUBMIT THIS FORM CA-20.

OWCP REQUIRES THAT MEDICAL BILLS, OTHER THAN HOSPITAL BILLS, BE SUBMITTED ON THE AMERICAN MEDICAL ASSOCIATION HEALTH INSURANCE CLAIM FORM, HCFA 1500/OWCP-1500a.

INSTRUCTIONS TO PHYSICIAN FOR COMPLETING ATTENDING PHYSICIAN'S REPORT

1. COMPLETE THE ENTRIES 1-31 ON THE FORM; AND
2. IF DISABILITY HAS NOT TERMINATED, INDICATE IN ITEM 16; AND
3. SEND THE FORM AND YOUR BILL TO:

OFFICE OF WORKERS' COMPENSATION PROGRAMS

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

For Sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, DC 20402

*U.S. Government Printing Office: 1991 — 526-172

Figure 810-18 Continued

810-B-56

INSTRUCTIONS FOR COMPLETING FORM CA-7

If the employee does not qualify for continuation of pay (for 45 days), the form should be completed and filed with the OWCP as soon as pay stops. The form should also be submitted when the employee reaches maximum improvement and claims a schedule award. If the employee is receiving continuation of pay and will continue to be disabled after 45 days, the form should be filed with OWCP 5 working days prior to the end of the 45-day period.

EMPLOYEE (or person acting on the employee's behalf) - Complete items 1 through 19 and submit the form to the employee's supervisor.

SUPERVISOR (or appropriate official in the employing agency) - Complete items 20 through 37 and promptly forward the form to OWCP.

ITEM EXPLANATIONS - Some of the items on the form which may require further clarification are explained below:

Item Number	Explanation
4) Period of Wage Loss for which Compensation is Claimed	Enter inclusive dates covering the period for which you are claiming compensation. If intermittent periods are claimed, use a separate sheet to list each period individually.
5) Is This a Claim for a Schedule Award?	Schedule awards are paid for permanent impairment to a member or function of the body. A claim for a schedule award should not be made on the same form as a claim for compensation for wage loss; rather, a separate CA-7 should be used.
6) Has Any Pay Been Received for Period Shown in Item 4?	This question includes leave pay and COP received from the Federal job in which you were injured; and pay for work actually performed, whether at the Federal job in which you were injured or at other employment (including self-employment).
7) If Yes, Amount	Give the amount of pay received and the period for which it was paid. If there is more than one period, or more than one source of pay, explain fully on a separate sheet.
8) Was Claim Made Against 3rd Party?	A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer who gave improper instructions for the use of a chemical to which an employee is exposed, could all be considered third parties to the injury.
13) List Your Dependents	Your wife or husband is a dependent if he or she is living with you. A child is a dependent if he or she either lives with you or receives support payments from you, and he or she: 1) is under 18; or 2) is between 18 and 23 and is a full-time student; or 3) is incapable of self-support due to physical or mental disability.
21) If Employee Received Additional Pay, Identify Type and Show Amount	"Additional Pay" includes night differential, Sunday premium, holiday premium, and any other type (such as hazardous duty or "dirty work" pay) regularly received by the employee, but does not include pay for overtime. If the amount of such pay varies from pay period to pay period (as in the case of holiday premium or a rotating shift), then the total amount of such pay earned during the year immediately prior to the date of injury or the date the employee stopped work (whichever is greater) should be reported.
28) Type and Inclusive Dates Employee Received Leave for Any Part of Period Since Stopping Work	Enter inclusive dates covering each period of leave. If leave was used for more than four individual periods, continue on a separate sheet. If leave was used for part of each day during a period, state how many hours were used per day; if the number of hours used per day varied, use a separate sheet to list each day.
29) Dates of Pay Continuation (COP) During Period of Disability	Enter the period of Continuation of Pay (see form CA-1 for a full explanation). If the injury was not a traumatic injury reported on form CA-1, this item does not apply.
30) Date All Pay Stopped	No compensation is payable for temporary total disability until the employee enters a non-pay status; therefore, item 30 refers to termination of all pay, including leave. Compensation is not payable for the first three days of disability after the end of any COP unless the disability exceeds 14 calendar days.

FORM CA-20, PHYSICIAN'S REPORT

Compensation for wage loss cannot be paid unless medical evidence has been submitted supporting disability for work during the period claimed. For claims based on traumatic injury and reported on Form CA-1, the employee should detach Form CA-20, complete items 1-3 on the front, and print the OWCP district office address on the reverse. The form should be promptly referred to the attending physician for early completion. If the claim is for occupational disease, filed on Form CA-2, a medical report as described in the instructions accompanying that form is required in most cases. The employee should bring these requirements to the physician's attention. It may be necessary for the physician to provide a narrative medical report in place of or in addition to Form CA-20 to adequately explain and support the relationship of the disability to the employment.

For payment of a schedule award, the claimant must have a permanent loss or loss of function of one of the members of the body or organs enumerated in the regulations (20 C.F.R. 10.304). The attending physician must affirm that maximum medical improvement of the condition has been reached and should describe the functional loss and the resulting impairment in accordance with the American Medical Association Guides to the Evaluation of Permanent Impairment.

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, so long as such agencies or persons have received the consent of the individual claimant, or have complied with the provisions of 20 CFR 10. (4) Furnishing all requested information will facilitate the claims adjudication process; and the effects of not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits (disclosure of a social security number is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled).

THIS NOTICE SHOULD BE RETAINED FOR YOUR INFORMATION.

Figure 810-18 Continued

810-B-58

**Instructions for Completing Form CA-7, Claim for
Compensation on Account of Traumatic Injury or Occupational Disease with
CA-20, Attending Physicians Report**

PART A. The employee or employee's representative completes Items 1 through 19.

Employees:

Item 1. Enter your last name, first name, and middle name (if no middle name, enter "NMN").

Items 2-3. Self-explanatory.

Item 4. Enter beginning and ending dates of time lost due to injury and hours claimed. If claiming schedule award, enter "NA."

Item 5. If the injury has resulted in a permanent loss of some part of the body or partial loss of function of some part of the body, enter "yes." The OWCP will base the schedule award on the percentage of impairment. Refer to Section 8107 of the FECA for compensation schedule.

Item 6. Self-explanatory.

Item 7. Enter total amount and the period covered.

Item 8. Check appropriate box. Complete a. or b. if applicable.

Item 9. If yes, provide complete address, including 9-digit ZIP code.

Item 10. Self-explanatory.

Item 11. Self-explanatory.

Item 12. Check appropriate box. If yes, provide information requested in a., b., and c.

Item 13. Check appropriate box. If yes, provide information requested in a., b., and c.

Item 14. List all relatives (including adopted children) who depend on you for support. A spouse living with you is considered a dependent whether or not he or she is financially dependent on you.

Items 15-16. Self-explanatory.

Item 17. List to whom support payments are made.

Item 18. Indicate amount paid out for each dependent and the frequency of payments.

Items 19-20. Self explanatory.

Part B. The supervisor completes Items 20 through 37. Supervisors:

Item 21. Enter pay rate as of the date of injury and as of the date employee stopped work.

Item 22. If applicable, obtain premium pay from payroll for one year before DOI. If information is not readily available, indicate that premium pay has been requested and will be forwarded upon receipt.

Item 23. Indicate the scheduled workdays for the week in which pay stopped. Enter "NA" if pay has not stopped.

Item 24. Check appropriate box.

Item 25. Enter "no" only if a temporary employee.

Item 26. Include all federal civilian service.

Items 27-28. Self-explanatory.

Item 29.

a. Enter the beginning and ending dates of any annual or sick leave used. If time was intermittent, attach a list of dates lost and type of leave taken.

b. Enter any dates the employee received holiday pay, administrative leave or any paid leave category other than sick or annual leave.

Item 30. Enter the period or periods the employee received COP, including nonduty days and holidays if the period of COP spans such days.

Item 31. Enter month, date, year and time employee's pay stopped.

Item 32. Enter beginning and ending dates for which compensation is claimed.

Item 33. Enter month, date, year and time employee returned to work.

Item 34. Indicate work schedule when employee returned to work.

Item 35. If employee has returned to a light-duty assignment or other assignment as a result of the injury, describe the specific functions employee is performing.

Item 36. Enter pay rate of employee upon return to work.

Items 37 and 38. Self-explanatory.

NOTE: If not previously submitted, attach a copy of position description and physical requirements (SF 78) for the job held on DOI and Application for Employment from the OPF.

Special Note: CA-20 should be attached to Form CA-7 to support claim being made.

Claim for Continuing Compensation on Account of Disability

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Dec 96
DoD 1400.25-M



Statement of Injured Employee - See Instructions on Reverse Side

1. Name of Injured Employee (Last, first, middle) JACKSON, Jim A.		2. OWCP File Number, if known A13-0112221	
3. Home Mailing Address (Include zip code) 4444 Hickory Street, Tucson AZ 85714		4. Social Security Number 444-55-6666	
5. Date and Hour of Injury (Mo., day, year) 10:15 <input checked="" type="checkbox"/> AM 12-29-95 <input type="checkbox"/> PM		6. Period Compensation Is Claimed As a Result of Pay Loss (Mo., day, year) If pay loss was intermittent attach separate sheet showing dates and hours of pay loss. From: 02-27-96 Through: 03-12-96	
7. Have you received any leave pay during the period shown in item 6? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Show inclusive Dates. From: Through: If leave use was intermittent, attach separate sheet showing dates and hours used.		8. Do you wish to repurchase leave? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Complete this item if you worked anywhere during the period shown in item 6. Attach a separate sheet if needed.			
a. Salaried Employment,			
Dates & Hours Worked	Pay Rate (Per hour, day or week)	Total Amount Earned	Type Work Performed
Did Not Work			
b. Commission and Self-Employment. Show all activities, whether or not income resulted from your efforts.			
Dates & Hours Worked	Name and Address of Business	Self-Employed <input type="checkbox"/> Commission <input type="checkbox"/>	Type of Activity Performed
None			Income Derived (Attach Explanation if Needed)
10. If you were only partially disabled and did not work, state reason for not working.			

Totally Disabled

11. If, since filing your Initial claim for compensation, you have applied for or received VA Benefits based on Military Service for the United States, give the following:

Claim No. Date of Disability and Monthly Payment Name and Address of Office Where Claim Is Filed

N/A

12. If, since filing your Initial claim for compensation, you have applied for or received an annuity under the Civil Service Retirement Act or other Federal retirement or disability law, give the following:

Claim No. Amount of Monthly Payment Name and Address of Office Where Claim Is Filed

N/A

13. SIGNATURE OF EMPLOYEE OR PERSON ACTING ON EMPLOYEE'S BEHALF.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

14. Date (Mo., day, year)

3-3-96

Statement of Official Superior

15. If employee has returned to work, show date and hour (Mo., day, year) ☐ AM ☐ PM
Not Yet
16. Show employee's work week on return to duty, if other than Monday thru Friday
S M T W T F S
17. Has employee received any pay for work, leave, subsistence, quarters or other remuneration from your agency during the period shown in item 6 on the reverse side?
☐ Yes ☒ No
18. If answer to item 17 is Yes, show:
Amount: \$
Type of Payment:
Period: From: _____ Through: _____
19. If there has been any change in employee's health benefit enrollment and/or optional insurance since previous claim for compensation was submitted, please explain. (I.e. change of plan or option; if additional deductions have been made by the agency, show amount and period.)

N/A

20. Remarks

21. A supervisor who knowingly certifies to any false statement misrepresentation, concealment of fact, etc., in respect to this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

22. Signature of Official Superior <i>Gerry C. Jones</i>	23. Title Store Manager	24. Date (mo., day, year) 3-3-96
---	----------------------------	-------------------------------------

Instructions for Injured Employee

- Items 1 through 14 on the reverse side should be completed by the injured employee or by someone acting on the employee's behalf. The form should then be given to the official superior.
- The injured employee should file Form CA-8 each two weeks during the period of disability unless otherwise notified by OWCP. Forms may be obtained from OWCP or the employing agency.
- Employees are advised that fraudulent claims are punishable by a fine of not more than \$10,000, or imprisonment for not more than five years, or both.
- The employee is responsible for submitting, or arranging for the submission of medical evidence in support of this claim. The CA-20a is attached to form CA-8 for this purpose. The employee should complete items 1 - 6 on form CA-20a. The attending physician should complete items 7 through 23. The address of the appropriate OWCP office should be entered in item 3 on the reverse of the CA-20a.

Instructions for Official Superior

- The official superior must complete items 15 through 24 and forward the form, and any accompanying medical report, to the appropriate OWCP office, within 5 working days of receipt from the employee.

If additional space is required for any reply, a separate sheet of paper may be used, numbering the answers to correspond with items on the form.

Note: Failure to submit this form properly completed with supporting medical evidence will delay payment of compensation.

OMB No. 1215-0103
Expires: 09-30-91

1. Name of Injured employee (Last, first, middle) JACKSON, Jim A.		2. OWCP File Number, if known A13-0112221	
3. Home mailing address (Include Zip code) 4444 Hickory St., Tucson, AZ 85714		4. Social Security Number 444-55-3333	
5. Date and hour of Injury (Mo., day, year) 10:15 <input checked="" type="checkbox"/> AM 12-29-95 <input type="checkbox"/> PM		6. Period compensation is claimed as a result of pay loss (Mo., day, year) From: 2-27-96 Through: 3-12-96	
7. Date of most recent examination (Mo., day, year) 12-29-95	8. Is employee's present condition due to the injury for which compensation is claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Is employee totally disabled for usual work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Describe nature of present impairment		11. State diagnosis	11a. ICD-9 Code
12. What treatment is employee receiving and how often is it given?			
13. What permanent effects, if any, are anticipated?		14. Describe any concurrent disability employee has which is not related to this injury	
15. Will disability for regular work continue for 90 days or longer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, approximately what date will employee be able to return to work? (Mo., day, year)		16. If employee is able to resume regular work, has he or she been advised? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A If Yes, show date employee was informed (Mo., day, year)	
17. If employee is only partially disabled, show date he or she was able to perform some work and describe specific work restrictions. (i.e. limitations in stooping, bending, lifting, etc.)		18. If employee has been referred to another physician for consultation or treatment, give physician's name & address.	
19. Recommendations and Prognosis			
20. Address (Include Zip code)		21. If you specialize, indicate specialty	
22. Signature of Physician. I certify that the statements on the reverse apply to this report and are made a part hereof.		23. Date of Report (Mo., day, year)	

Public Burden Statement

We estimate that it will take an average of 30 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Information Management, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

INSTRUCTIONS FOR COMPLETING ATTENDING PHYSICIAN'S REPORT

CERTIFICATION: BY SIGNING BLOCK 22 ON THE FRONT OF THIS FORM, THE PHYSICIAN CERTIFIES AS FOLLOWS:

I CERTIFY THAT ALL THE STATEMENTS IN RESPONSE TO THE QUESTIONS ASKED ON THIS FORM CA-20a ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I UNDERSTAND THAT ANY KNOWINGLY FALSE OR MISLEADING STATEMENT, OR MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT, MAY SUBJECT ME TO FELONY CRIMINAL PROSECUTION.

IMPORTANT:

A MEDICAL REPORT IS REQUIRED BY THE OFFICE OF WORKERS' COMPENSATION PROGRAMS BEFORE PAYMENT OF COMPENSATION CAN BE MADE TO THE EMPLOYEE.

IF YOU HAVE SUBMITTED A MEDICAL REPORT ON FORM CA-16, CA20 OR A NARRATIVE REPORT TO THE OWCP WITHIN THE PAST 10 DAYS, YOU NEED NOT SUBMIT THIS FORM CA-20a.

OWCP REQUIRES THAT MEDICAL BILLS, OTHER THAN HOSPITAL BILLS, BE SUBMITTED ON THE AMERICAN MEDICAL ASSOCIATION HEALTH INSURANCE CLAIM FORM, HCFA-1500/OWCP 1500a.

1. Complete the entries 7-23 on this report (and items 1-6 if not previously completed), and

2. Forward the report directly by mail to the OWCP office indicated below.

3.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

PRIVACY ACT

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a) and the Computer Matching and Privacy Protection Act of 1988 (Public Law No. 100-503), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended (5 U.S.C. 8101, et seq.) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor. In accordance with this responsibility, the Office receives and maintains personal information on claimants and their immediate families. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information collected by this form and other information collected in relation to your compensation claim may be verified through computer matches. (4) The information may be given to Federal, State, and local agencies for law enforcement and for other lawful purposes in accordance with routine uses published by the Department of Labor in the Federal Register. (5) Failure to furnish all requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (Disclosure of a social security number (SSN) is voluntary; the failure to disclose such number will not result in the denial of any right, benefit or privilege to which an individual may be entitled. Your SSN may be used to request information about you from employers and others who know you, but only as allowed by law or Presidential directive. The information collected by using your SSN may be used for studies, statistics, and computer matching to benefit and payment files.)

*U.S. GPO:1990-262-252/15425

**Instructions for Completing Form CA-8,
Claim for Continuation of Compensation on Account of Disability
With CA-20a Attending Physician's Report**

Statement of Injured Employee. The employee or someone acting in his/her behalf completes Items 1 through 14. Employee:

- Item 1. Enter your last, first, and middle names (enter "NMN" if no middle name).
- Item 2. Enter your OWCP number, if known.
- Item 3. Enter your complete home mailing address, including ZIP code.
- Item 4. Self-explanatory.
- Item 5. Enter date and hour of injury or illness as shown on Form CA-1 or CA-2.
- Item 6. Enter beginning and ending dates. The beginning date should be the first day following the ending date of the previous claim.
- Item 7. Check appropriate box. If yes, indicate amount received with the specific dates covered by leave.
- Item 8. Check appropriate box.
- Item 9. Complete only if any work was performed during the period claimed in Item 6. Include self-employment, military reserve duty, or other jobs held. If no work was performed, enter "NA."
- Items 10 and 11. Self-explanatory.
- Item 12. If you have applied for or received an annuity from OPM or other federal retirement or disability law, furnish the information requested.
- Item 13. Enter your signature or signature of person acting on your (employee's) behalf.
- Item 14. Date signed.

Statement of Official Superior. Superior:

- Item 15. Enter month, day, year, and time employee returned to work. If employee has not returned to work at the time the Form CA-8 is submitted, enter "HAS NOT RETURNED."
- Item 16. If has not returned, enter "NA." If returned, circle the scheduled workdays of employee.
- Item 17. Check appropriate box.
- Item 18. Self-explanatory.
- Item 19. Indicate any change in employee's health coverage.
- Items 20 and 21. Self-explanatory.
- Item 22. Your signature.
- Items 23 and 24. Self-explanatory.

Special Note: CA-20a should be attached to CA-8 to support claim being made.

Figure 810-20. Instructions for Completing CA-8.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Claim for Compensation, Form CA-8

TO: Employee Name
Street Address
City, State, Zip Code

Dear Mr. Jones:

The attached Form CA-8, Claim for Continuing Compensation on Account of Disability, is forwarded for your completion of Items 6 through 14 as required in the instructions on the reverse side of the form.

This claim for compensation covers the period _____ through _____ (14 days). Return the completed form to this office no later than _____ (date) for completion of Items 15 through 24 and forwarding to the Office of Workers' Compensation Programs. A self-addressed envelope is enclosed for your convenience.

Form CA-20a, Attending Physician's Supplemental Report (is/is not) enclosed. If attached, please ask your attending physician to complete the form. You should provide the CA-20a to this office with the completed Form CA-8. Failure to return these forms by the required date may delay your compensation payment.

You are reminded that fraudulent claims are punishable by a fine of not more than \$10,000, or imprisonment for not more than five years, or both. If you receive any compensation checks after you have returned to work, return them to OWCP immediately.

If you have any questions, please call me at 111-222-3333.

Sincerely,

2 Encl

1. CA-8 w/envelope
2. CA-20a w/envelope

MELVIN A. BROWN
Injury Compensation Program
Administrator

Figure 810-21. Sample Letter to Employee Forwarding CA-8.

Authorization for Examination
And/Or Treatment

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



The following request for information is authorized by law (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. A-108.

OMB No.: 1215-0103
Expires: 09-30-91

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

Memorial Hospital
1245 Main Street, Tucson, AZ 85714

2. Employee's Name (last, first, middle)

DAY, Donald L.

3. Date of Injury (mo. day, yr.)

2-10-94

4. Occupation

Electrician

5. Description of Injury or Disease:

Fell approximately 15 feet from scaffold -- Right ankle extremely painful.

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A, and to the condition indicated either 1 or 2, in item B.

A. Your signature in Item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☒ 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

☐ 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from: (Type Name and Title of OWCP Official)

N/A

8. Signature of Authorizing Official:

9. Name and Title of Authorizing Official: (Type or print clearly)

Ronald Cane
Chief, Electrical Shop

10. Local Employing Agency Telephone Number:

(602) 746-0001

11. Date (mo., day, year)

2-10-94

12. Send one copy of your report: (Fill in remainder of address)

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs
71 Stevenson Street, 2nd Floor
San Francisco, CA 94105

Department of Agency USAF

Bureau or Office AWG

Local Address (Including Zip Code)

836 CSG/DPC
Davis-Monthan AFB AZ 85707

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to the Office of Information Management, Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

PART B - ATTENDING PHYSICIAN'S REPORT

14. Employee's Name (last, first, middle)

DAY, Donald L.

15. What History of Injury or Disease Did Employee Give You?

Employee fell from scaffold-injured right ankle

16. Is there any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment?
(If yes, please describe)

☐ Yes ☒ No

16a. IDC-9 Code

17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.)

Sprained right ankle

18. What is Your Diagnosis?

18a. IDC-9 Code

19. Do You Believe the Condition Found was Caused or Aggravated by the Employment Activity Described? (Please explain your answer if there is doubt)

☒ Yes ☐ No

20. Did Injury Require Hospitalization?

☐ Yes ☒ No

If yes, date of admission (mo., day, year)

Date of discharge (mo., day, year)

21. Is Additional Hospitalization Required?

☐ Yes ☒ No

22. Surgery (If any, describe type)

23. Date Surgery Performed (mo., day, year)

N/A

24. What (Other) Type of Treatment Did You Provide?

25. What Permanent Effects, If Any, Do You Anticipate?

26. Date of First Examination (mo., day, year)

2-10-94

27. Date(s) of Treatment (mo., day, year)

2-10-94

28. Date of Discharge from Treatment
(mo., day, year)

Not Yet

29. Period of Disability (mo., day, year) (If termination date unknown, so indicate)

Total Disability: From _____ To _____
Partial Disability: From _____ To _____

30. Is Employee Able to Resume

☐ Light Work
☐ Regular Work

Date: _____
Date: _____

31. If Employee is Able to Resume Work, Has He/She been Advised?

☐ Yes ☐ No

If Yes, Furnish Date Advised

32. If Employee is Able to Resume Only Light Work, Indicate the Extent of Physical Limitations and the Type of Work that Could Reasonably be Performed with these Limitations.

33. General Remarks and Recommendations for Future Care, if Indicated. If you have made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.

34. Do You Specialize? ☐ Yes ☐ No (If yes, state specialty)

35. SIGNATURE OF PHYSICIAN. I certify that all the statements in response to the questions asked in Part B of this form are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or any misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.

36. Address (No., Street, City, State, Zip Code)

37. Tax Identification Number

38. Date of Report

MEDICAL BILL: Charges for your services should be presented to the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500a, or HCFA 1500). Service must be itemized by Current Procedural Terminology Code (CPT 4) and the form must be signed.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Figure 810-22. Form CA-16 Continued.

INSTRUCTIONS FOR AUTHORIZING OFFICIAL FOR COMPLETION OF PART A

SELECTION OF PHYSICIAN

- A Federal employee injured by accident while in the performance of duty has the initial right to select a physician of his/her choice to provide necessary treatment. The supervisor shall immediately authorize examination and appropriate medical care by use of Form CA-16 issued to either a United States medical officer/hospital or any duly qualified physician/hospital of the employee's choice.

If the employee elects to be treated by a private physician, a copy of the American Medical Association standards billing form (AMA OP 407/408/409; OWCP-1500a) should be supplied together with Form CA-16.

A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee.

Generally, 25 miles from the place of injury, employing agency, or the employee's home is a reasonable distance to travel for medical care; however, other pertinent factors must also be considered.

PERIOD OF AUTHORIZATION

- Form CA-16 is valid for up to sixty days from date of issuance, and may be terminated earlier upon written notice from OWCP to the provider. It should not be used to authorize a change of physicians after the initial choice is exercised by the employee.

FEDERAL MEDICAL FACILITIES

- U.S. medical facilities include Public Health Service, Military, or VA hospitals. Federal health service facilities (health units) established under 5 USC 7901 are not U.S. medical facilities as used herein (see 20 CFR 10.400).

DEFINITION OF INJURY

- The term "injury" includes damage to or destruction of medical braces, artificial limbs and other prosthetic devices. Eyeglasses and hearing aids are included only if the damages were incidental to a personal injury which required medical services. Treatment for illness or disease should not be authorized unless approval is first obtained from OWCP.

DEFINITION OF PHYSICIAN

- The term "physician" includes doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by State law. The reimbursable services of chiropractors under the FECA are limited by statute to physical examination, related laboratory tests and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

FORM COMPLETION

- Part A shall be completed in full by the authorizing official. The authorization is not valid unless the name and address of the physician or hospital is entered in Item 1 and the signature of the authorizing official appears in Item B. Check B1 or B2 or Item 6, whichever is appropriate. In case of illness or disease, only Box B2 may be checked.

Show the address of the proper OWCP Office in Item 12. Send original and one copy of Form CA-16 to the medical officer or physician. If issued for illness or disease, a copy must also be sent to OWCP.

ADDITIONAL INFORMATION

- See 20 CFR and/or Chapter 810, Federal Personnel Manual (FPM).

Information for Physician - See Reverse Side
Figure 810-22 Continued

810-B-69

INFORMATION FOR PHYSICIAN

YOUR AUTHORIZATION

- Please read Part A of Form CA-16. You are authorized to examine and provide treatment for the injury or disease described in Item 5, for a period of not more than 60 days from the date of Issuance, subject to the conditions in Item 6. A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee. Authorization may be terminated earlier upon written notice from OWCP. For extension of the authorization to treat beyond the 60 day period, apply to the office shown in Part A, Item 12.

USE OF CONSULTANTS AND HOSPITALS

- You may utilize consultants, laboratories and local hospitals, if needed. Authorize semi-private accommodations unless a private room is medically necessary. Ancillary treatment may be provided to a hospitalized employee as necessary.

REPORTS

- After examination, complete items 14 through 38, of Part B, and send your report, together with any additional narrative or explanatory material, to the address listed in Part A, item 12. If the employee sustained a traumatic injury and is disabled for work, reports on Form CA 17, "Duty Status Report" may be required by the employing agency during the first 45 days of disability. If disability continues beyond 45 days, monthly reports should be submitted. Reports from all consultants are also required. Delay in submitting medical reports may delay payment of benefits.

RELEASE OF RECORDS

- Injury reports are the official records of OWCP. They shall not be released to anyone nor may any other use be made of them without the approval of OWCP.

BILLING FOR SERVICES

- OWCP requires that charges be itemized using the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500, or HCFA-1500). Each procedure must be identified, in Column 24 C of the form, by the applicable Current Procedural Terminology (4th edition) Code CPT 4). A copy of the form may be supplied by the employee at the time treatment is sought.
- Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

TAX IDENTIFICATION NUMBER

- The provider's Tax Identification Number (TIN) is an important identifier in the OWCP system. To speed processing and to reduce inaccuracy of payment, the provider's TIN (Employer Identification Number or SSN) should be shown on all reports and billings submitted to OWCP. If possible, providers should decide on a single TIN - either corporate or personal - which is used consistently on OWCP claims.

ADDITIONAL INFORMATION

- Contact the OWCP shown in Item 12 of Part A.

Please Remove These Instructions Before Submitting Your Report.

**Instructions for Completing Form CA-16,
Request for Examination and/or Treatment**

Part A - Authorization. The official authorized to issue the Form CA-16 completes Items 1 through 13. (Obtain the required information from the employee.)

Item 1. Enter the full name and address of the physician or hospital selected by employee only AFTER VERIFYING THAT THE PHYSICIAN IS NOT LISTED AS BEING AN EXCLUDED PROVIDER UNDER THE FECA PROGRAM - AND - AFTER AN APPOINTMENT HAS BEEN MADE BY THE ISSUING AUTHORITY.

a. If issued to cover emergency care after the fact, enter "EMERGENCY CARE PROVIDED."

b. If issued due to a recurrence and if a form CA-16 is authorized, the source of care should be the same medical provider that previously provided care to ensure continuity of treatment. FORM CA-16 SHOULD RARELY BE ISSUED IN CASES OF RECURRENCE. IT MAY NOT BE ISSUED IF MORE THAN 6 MONTHS HAS ELAPSED SINCE THE EMPLOYEE LAST RETURNED TO WORK OR TO AUTHORIZE A CHANGE OF PHYSICIAN AFTER THE INITIAL CHOICE HAS BEEN EXERCISED BY THE EMPLOYEE.

Item 2. Employee's last name, first name, middle name (enter "NMN" if no middle name.

Item 3. Enter date of original injury. See Item 10 on the Form CA-1.

Item 4. Enter the employee's job title.

Item 5. Provide a DESCRIPTION of the injury. This information can assist the doctor. Item 14 on the Form CA-1 may contain information that will be helpful in completing this item.

Item 6. Check block "6B1" if there is no doubt as to the validity of injury. Check block "6B2" if there is doubt.

Item 7. If the CA-16 is issued for treatment of an occupational disease claim, enter the name of the OWCP official who authorized the Form CA-16.

Items 8-9. Identify the supervisor authorized to issue the form - The form must be signed.

Item 10. Enter the supervisor's telephone number.

Item 11. Enter the date the Form CA-16 was issued.

Item 12. Add the address of the servicing office of OWCP. The ICPA will forward it to OWCP.

Item 13. Add the address of the civilian personnel office authorized to process medical reports.

Part B. Items 14 through 38 must be completed by the treating physician (See Figure 2-19-sample letter to physician advising of light duty program.)

NOTE: Any time a Form CA-16 is issued, it guarantees payment even if block 6B2 is checked and even if the claim is denied.

Figure 810-22. CA-16 with Instructions.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Federal Employees Injured at Work

TO: Amos B. Jackson, M.D.
Street Address
City, State, Zip Code

Dear Dr Jackson:

Our employee, James O. Smith, has sustained a job-related traumatic injury on 25 May 1994 which may entitle him to benefits under the Federal Employees' Compensation Act.

Before the Office of Workers' Compensation Programs (OWCP) can make a decision on the claim, they must have comprehensive medical evidence from the physician providing treatment for the injury. Accordingly, we request that you complete the enclosed form and give it to our injured employee when you have finished your examination. A medical release form has been completed by our injured employee and is forwarded for your retention.

We are willing to accommodate partially disabled employees with suitable light- or limited-duty assignments. We can and will provide light- or limited-duty assignments in strict accordance with any physical limitations you impose. If you feel the employee cannot perform any type of work, please send us a prognosis of when return to work may be possible in either a limited or full capacity.

Please submit your bill on the enclosed billing form HCFA-1500 and return it in the self-addressed envelope.

Thank you for your time and cooperation. If I can be of any assistance, please call me at 522-0001.

Sincerely,

- 3 Encl
1. CA-16
2. HCFA-1500 w/Envelope
3. Med Release

MELVIN A. BROWN
Injury Compensation Program
Administrator

Figure 810-23. Sample Letter to Physician with CA-16.

Duty Status Report

U.S. Department of Labor DoD 1408.25-96
Employment Standards Administration
Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.). Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-108.

OMB No. 1215-0103
Expires: 10-31-94
OWCP File Number
(if known)

SIDE A - Supervisor: Complete this side and refer to physician				SIDE B - Physician: Complete this side		
1. Employee's Name (Last, first, middle) DAY, Donald L.				8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, describe)		
2. Date of Injury (Month, day, yr.) 2-10-94		3. Social Security No. 235-98-6722				
4. Occupation Electrician				9. Description of Clinical Findings		
5. Describe How the Injury Occurred and State Parts of the Body Affected				10. Diagnosis Due to Injury		
				11. Other Disabling Conditions		
6. The Employee Works Hours Per Day Days Per Week				12. Employee Advised to Resume Work? <input type="checkbox"/> Yes, Date Advised <input type="checkbox"/> No		
7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.				13. Employee Able to Perform Regular Work Described on Side A? <input type="checkbox"/> Yes, If so <input type="checkbox"/> Full-Time or <input type="checkbox"/> Part-Time Hrs Per Day <input type="checkbox"/> No, If not, complete below:		
Activity	Continuous	Intermittent		Continuous	Intermittent	
a. Lifting/Carrying: State Max Wt.	#lbs.	#lbs.	Hrs Per Day	#lbs.	#lbs.	Hrs Per Day
b. Sitting			Hrs Per Day			Hrs Per Day
c. Standing			Hrs Per Day			Hrs Per Day
d. Walking			Hrs Per Day			Hrs Per Day
e. Climbing			Hrs Per Day			Hrs Per Day
f. Kneeling			Hrs Per Day			Hrs Per Day
g. Bending/Stooping			Hrs Per Day			Hrs Per Day
h. Twisting			Hrs Per Day			Hrs Per Day
i. Pulling/Pushing			Hrs Per Day			Hrs Per Day
j. Simple Grasping			Hrs Per Day			Hrs Per Day
k. Fine Manipulation (includes keyboarding)			Hrs Per Day			Hrs Per Day
l. Reaching above Shoulder			Hrs Per Day			Hrs Per Day
m. Driving a Vehicle (Specify)			Hrs Per Day			Hrs Per Day
n. Operating Machinery (Specify)			Hrs Per Day			Hrs Per Day
o. Temp. Extremes			range in degrees F			range in degrees F
p. High Humidity			Hrs Per Day			Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)			Hrs Per Day			Hrs Per Day
r. Fumes/Dust (Identify)			Hrs Per Day			Hrs Per Day
s. Noise (Give dBA)			dBA Hrs Per Day			dBA Hrs Per Day
t. Other (Describe)				14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe)		
				15. Date of Examination		
				16. Date of Next Appointment		
				17. Specialty		
				18. Tax Identification Number		
				19. Physician's Signature		
				20. Date		

Figure 810-24. Form CA-17 with Instructions.

INSTRUCTIONS FOR COMPLETING DUTY STATUS REPORT

SUPERVISOR: Complete Side A and refer the form to the physician to complete Side B. Fill in the address of the Employing Agency and the appropriate OWCP District Office in the spaces below. Enter the OWCP file number in the top right corner.

PHYSICIAN: Complete Side B, sign and return to the employing agency within 2 days to prevent interruption of the employee's income. Fill in your name and address.

Medical Facility Name and Address

Send Original Report to:

Employing Agency Address

Send a Copy of This Report to:

OFFICE OF WORKERS' COMPENSATION PROGRAMS

CERTIFICATION: BY SIGNING BLOCK 19 ON THE FRONT OF THIS FORM, THE PHYSICIAN CERTIFIES AS FOLLOWS:

I CERTIFY THAT ALL THE STATEMENTS IN RESPONSE TO THE QUESTIONS ASKED ON THIS FORM CA-17 ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I UNDERSTAND THAT ANY KNOWINGLY FALSE OR MISLEADING STATEMENT, OR MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT, MAY SUBJECT ME TO FELONY CRIMINAL PROSECUTION.

I FURTHER UNDERSTAND THAT THIS REQUEST DOES NOT CONSTITUTE AUTHORIZATION FOR PAYMENT OF MEDICAL EXPENSES BY THE DEPARTMENT OF LABOR, NOR DOES IT INVALIDATE ANY PREVIOUS AUTHORIZATION ISSUED IN THIS CASE.

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of IRM Policy, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0103), Washington, D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

Figure 810-24 Continued

Form CA-17

Rev. July 1991

810-B-74

Instructions for Completing Form CA-17, Duty Status Report

Side A - Supervisor. The issuing official (supervisor or installation medical facility official) completes Items 1 through 7.

Item 1. Enter the employee's last name, first name, middle name (enter "NMN" if no middle name.)

Item 2. Enter the date of original injury. See Item 10 on the Form CA-1 or Item 12 on the Form CA-2 if an occupational disease.

Item 3. Self-explanatory.

Item 4. Enter the employee's position title.

Item 5. See Items 13 and 14 on the Form CA-1 if a traumatic injury, or Item 14 on the Form CA-2 if an occupational disease.

Item 6. Self Explanatory

Item 7. Indicate the physical requirements of the employee's actual duties.

Reverse - Supervisor completes the three address blocks.

Block 1. Enter the name and complete address of the authorized treating physician.

Block 2. Enter the name and complete address of the servicing civilian personnel office.

Block 3. Enter the complete address of the OWCP office.

Part B. The attending physician completes Items 8 through 20. A physician's assistant, nurse, practitioner, nurse, or other person not within the FECA definition of a physician is not acceptable as the certifying physician. However, certification by a physician's assistant will be acceptable if such certification is counter-signed by a physician. (See figures 2-21 and 2-22 for sample letters to treating physicians requesting duty status report.)

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Federal Employees Injured at Work

TO: Amos B. Jackson, M.D.
Street Address
City, State, Zip Code

Dear Dr Jackson:

Our employee, James O. Smith, has elected treatment from you due to a claim of work-related injury. The purpose of this letter is to advise you of our willingness to accommodate partially disabled employees with suitable light- or limited-duty assignments. We can and will provide light- or limited-duty assignments in strict accordance with any physical limitations you impose.

In this regard, please complete the attached Form CA-17, Duty Status Report, and return the form in the self-addressed envelope provided. If you find that Mr. Smith is unable to return to his usual job, but can return to work in a limited duty status, please indicate his physical restrictions on the Form CA-17 so we can temporarily reengineer his job assignment to meet these physical restrictions. Limited duty can be as light and sedentary as answering telephones four to eight hours a day or other routine clerical work at a desk.

If you wish to discuss this case or have any questions, please call our Injury Compensation Specialist, _____, at 522-0001 or
_____, MD, Base Civilian Dispensary at 522-0002.

We thank you for your assistance.

Sincerely,

1 Encl
CA-17 w/envelope

cc: SGP

MELVIN A. BROWN
Injury Compensation Program
Administrator

Figure 810-25. Sample Letter to Physician Forwarding CA-17.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Duty Status Report - John J. Jones, A00-1111111

TO: Amos B. Jackson, M.D.
Street Address
City, State, Zip Code

Dear Dr Jackson:

Our records show Mr. Jones has been off work since 13 March 1993 and under your care for a back injury that occurred on 10 March 1993. We are interested in rehabilitating our employees and would appreciate a work evaluation about what type of work Mr. Jones can do and for how many hours a day.

We support rehabilitation and recognize the benefits to the patient, the family, and the employer. We have found that without rehabilitation, employees on a total disability status become entrenched in a "disability rut" with no motivation or reason to rehabilitate themselves to return to work. In some situations, employees perform more strenuous and physically demanding activities while off work than the light duty we have available.

Through our rehabilitation program, we provide suitable light- or limited-duty assignments for our employees who are partially disabled from on-the-job injuries. We will cooperate with you in providing the light-duty assignments. If Mr. Jones is not able to return to his former position, we can provide light sedentary work for as little as four hours a day.

Often, we find that there is a great deal of misunderstanding between workers' compensation and disability retirement. In case you are not clear on the two programs, a definition of workers' compensation and retirement is enclosed.

Please carefully consider Mr. Jones' disability, and his ability to perform some type of work, either in a part or full-time capacity. Your evaluation should be based on objective findings of

Figure 810-26. Letter to Physician Requesting Duty Status
on Long-Term Claimant.

disability rather than subjective complaints. We will accommodate any limitations you impose. If he cannot return to work at this time, please give us a prognosis about when he can probably work in a light duty capacity.

If you have any questions, please call me at 692-222-0001.

Sincerely,

Encl

1. Definition
2. CA-17 w/envelope

MELVIN A. BROWN
Injury Compensation Program
Administrator

cc: OWCP
SGP

Figure 810-26 continued. Letter to Physician Requestng Duty Status
on Long-Term Claimant.

USE INSTALLATION LETTERHEAD

FROM: AAAA-CC

Date

SUBJECT: Light-Duty Assignment for Mr. Ivan A. Green. Claim No. A00-000000 (If Known)

TO: Mr. Ivan A. Green
Street Address
City, State, Zip code

Dear Mr. Green:

1. This letter confirms our conversation on 1 February 1994 in which you were: (a) offered a light-duty assignment, the duties of which conform to the physical limitations established by Dr. A. B. White, who is treating you for your on-the-job injury of 5 January 1994; and (b) advised that if you do not accept this light-duty assignment, you will be considered AWOL and, you will not be entitled to continuation of pay.

2. Following is a list of duties and the physical requirements of those duties you will be performing while on light duty during the period 9 February through 4 March 1994, in the Packing Section of Warehouse B at Defense Distribution Region East (Memphis):

a. While sitting or standing, break down large packages of small items into small packages and place identifying labels on small packages. No lifting over 10 pounds or bending is required. Large boxes are brought to work area on a computer controlled conveyor system that provides for off-loading onto a platform that can be raised or lowered to convenient work height. Small packages are placed in boxes and removed by the conveyor system. Standing surfaces are covered with special fatigue mats. Chairs are designed to accommodate people with back injuries. As desired, work benches can be raised or lowered to accommodate sitting or standing working positions.

b. Per Dr White's instructions, you are not to lift more than 10 pounds during the light-duty period. You may take extra breaks as needed.

Figure 810-27. Sample Letter on Light Duty on Current Employee.

3. The hours of work will be from 0800 to 1630 hours. You must respond to this offer no later than five days from the date of this letter. A copy of this letter will be provided to the Office of Workers' Compensation Programs (OWCP).

Sincerely,

cc: HRO (M. Brown)
OWCP

James L. Smith
Chief, Warehouse B

Figure 810-27 Continued. Sample Letter on Light Duty on Current Employee.

FEDERAL INJURY COMPENSATION

Evidence Required In-Support of a
Claim for Work-Related Hearing Loss

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



IF YOU ARE FILING A CLAIM FOR HEARING LOSS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	FROM EMPLOYING AGENCY
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service.	9. Review and comment on the employee's statement in response to questions 1-5.
2. For each job title, describe source of noise, number of hours of exposure per day, and use of any safety devices to protect against noise exposure. State when safety devices were provided.	10. Describe all work-related exposure to hazardous noise, including: a. Locations of job sites. b. Nature of exposure to noise (machinery, etc.) c. Decibel and frequency level (noise survey report) for each job site. d. Period of exposure, hours per day, days per week. e. Type of ear protection provided.
3. Give history of any previous ear or hearing problems.	11. Attach copies of the employee's: a. SF-171, Application for Employment. b. Job sheet and employment record. c. All medical examinations pertaining to hearing or ear problems, including preemployment examination and all audiograms.
4. Describe any hobbies which involve exposure to loud noise.	12. If the employee is no longer exposed to hazardous noise, give date of last exposure and the payrate in effect on that date.
5. If you are no longer exposed to hazardous noise at work, give the date you were last exposed.	
6. If you have been examined or treated by a doctor for an ear or hearing problem, provide a medical report and audiograms.	
7. State whether a claim for workers' compensation benefits for this or any other condition affecting ears or hearing was ever filed. If so, give date of claim, name and address where filed, and benefits received.	
8. Give the date you first noticed your hearing loss.	
Give date you first related hearing loss to employment, and reason why.	

Figure 810-28. Hearing Loss Check List.

NOTICE TO EMPLOYEES FILING CLAIM FOR OCCUPATIONAL DISEASE

Diseases and illnesses which occur during or after Federal employment are not automatically covered by the Federal Employees' Compensation Act. You must provide factual and medical evidence to establish that conditions of employment caused or aggravated the disease or illness.

The Office of Workers' Compensation Programs (OWCP) understands that gathering the necessary evidence requires substantial effort. The attached checklist is designed to help you. Form CA-2 ("Federal Employees' Notice of Occupational Disease and Claim for Compensation"), your statements in response to the checklist, and a report from your treating physician should all be given to your agency Compensation Specialist at the same time. Please return the checklist with your statements. Check off each item as it is completed or let us know when we can expect the information. Your supervisor and the Compensation Specialist will compile the additional information required and forward a complete and organized package to OWCP. If your Agency has no Compensation Specialist or other person designated to forward information to OWCP, give the information directly to your supervisor.

Upon receipt of your claim, OWCP will create a case and assign it to a claims examiner for processing. You will receive a post card advising you of the case number. Use this number on all future correspondence about your claim.

If you are eligible for Civil Service retirement, you may apply for both retirement benefits from the Office of Personnel Management (OPM) and workers' compensation benefits from OWCP. However, in most cases, you cannot receive both benefits for the same period of time.

HINTS: Are your statements legible? Would your statements make sense to someone who has never done your job? Do your statements answer the questions? Are your statements complete and accurate? A NARRATIVE REPORT FROM YOUR PHYSICIAN IS REQUIRED. Reports on medical forms, such as Form CA-20, are rarely adequate in occupational disease cases.

NOTICE TO COMPENSATION SPECIALISTS AND SUPERVISORS

OWCP needs your help to improve the timeliness of adjudication of occupational disease cases. We have developed checklists to help you and the employee submit a claim in an organized and complete manner. The checklists will help the claims examiner identify what information has been submitted and what is still outstanding.

Whenever an employee wants to file a claim for occupational disease or illness, please give him or her:

1. Form CA-2, Federal Employees Notice of Occupational Disease and Claim for Compensation, and
2. Two copies of the checklist describing evidence required in support of the claim. One checklist is for the employee to mark and return with the completed package. The second checklist is for the employee to take to the physician.

In addition to describing the evidence from the employee, the checklists describe the information to be submitted by the employing agency. When Form CA-2 and the employee's statements are returned, you are required by instructions on the CA-2 to forward them to OWCP within ten working days. Statements and documents required from the agency should be submitted with the CA-2 whenever possible. Please use the checklist to note what information from the employing agency is enclosed, unavailable or pending. If pending, please give the anticipated mailing date. Agency comments, statements and documentation are essential for the examiner to get a well rounded picture of the employment conditions.

We appreciate your cooperation in this effort.

SAMPLE HEARING LOSS CLAIM - VEHICLE OPERATOR SUMMARY

Mr. Jackson is a 60-year old employee who has claimed a job-related hearing loss. He alleges frequent exposure to hazardous noise while employed as a Vehicle Operator for a 9-year period.

CLAIMANT'S STATEMENT

I work as a Vehicle Operator in the Transportation Squadron and have been working out of Base Operations on the flightline for nine years.

We have many transient KC 135 aircraft coming from other bases and that land here and unload and load personnel without shutting their engines off. This makes a lot of noise and we take personnel to within approximately 50 feet of the aircraft to exchange personnel. Also, our own base KC 135 aircraft on training missions change crews many times without shutting down engines. The frequency of these changes varies, but will average five or more times per week.

SUPERVISOR'S STATEMENT

1. I have been Mr. Jackson's supervisor for the past four years in his position as Vehicle Operator.
2. Essentially, Mr. Jackson's statement of his duties is accurate. However, I do not believe that the performance of those duties contributed to his alleged hearing difficulties. Personnel changes take less than 10 minutes each, from start to finish, and hearing protection is provided. Mr. Jackson is involved in an average of 15 to 20 changes a day. The rest of the time, the drivers sit inside in a lounge-type environment and watch TV, play cards, and talk among themselves.
3. Drivers are prohibited from being within 50 feet of aircraft when engines are running which at most is 10 percent of the time.
4. Drivers simply deliver passengers from the terminal to the aircraft and return to the terminal. Normally, they do not leave the bus.
5. Hearing protection includes ear plugs that were issued and fitted by the base clinic. Mr. Jackson has had his ear plugs since his first day of employment as a Vehicle Operator. He regularly wears his hearing protection. All employees have been counseled regarding proper procedures for wearing hearing protection. Mr. Jackson was in attendance when counseling was provided on the following dates:

16 February 1986
23 March 1987
12 January 1988
1 March 1989
2 April 1990
13 February 1991
20 March 1992

Figure 810-29. Sample Hearing Loss Claim.

Mr. Jackson and I both take sound safety practices seriously and to my knowledge he has never been observed or known to work without wearing his ear plugs when his duty so required.

6. M. Jackson retired from the Air Force (military) before his employment here. Additionally, he plays in a band on weekends and is a voluntary firefighter in his community. It appears that these factors may have contributed to his hearing problems if, in fact, they are noise related.

Figure 810-29 Continued. Sample Hearing Loss Claim.

EMPLOYEE'S SUPPLEMENTAL STATEMENT TO LOSS OF HEARING CLAIM

1. NAME:
2. Date you first became aware of hearing problem:
3. Date you first related that problem to your federal employment and why:
4. If no longer exposed to noise, indicate date of last exposure:
5. Give a detailed history of any previous ear or hearing problems and provide any medical reports or audiograms you may have:
6. Describe in detail the duties you performed that you believe contributed to your hearing problems:
7. State when safety devices were provided and the type:
8. Did you wear the safety devices at all times as required:
9. Describe and/or diagram the work site and placement of any equipment that you believe contributed to your hearing problems:
10. List all hobbies or activities in which you participate such as hunting, dirt bikes, boating, farming, motorcycles, auto mechanics, carpentry work, cutting and polishing rocks, body work on cars, three or four wheeling, etc. Describe how often you participate in these activities and the number of days:
11. List the names of others who worked in the same area(s) and who had hearing loss:
12. If you were in the military service, list your job title(s) and inclusive dates you served. If you worked in a noise area, describe the source of noise and number of hours of exposure per day, and describe the hearing protectors provided to protect against noise exposure.
13. Did you wear the hearing protectors?
14. Attach statements from co-workers who have first-hand knowledge of your working and/or physical conditions.

Figure 810-30. Sample Employee's Supplemental Statement to Hearing Loss.

15. Provide any other information you believe is pertinent to this claim.

16. I certify that the information provided is true.

Signature

Date

Figure 810-30 Continued. Sample Employee's Supplemental Statement
to Hearing Loss.

SUPERVISOR'S SUPPLEMENTAL STATEMENT TO HEARING LOSS CLAIM

1. Claimant's Name:
2. Time Frame (list dates employee worked in your area):
3. Description of Duties (describe in detail the work performed by the employee and provide a copy of the position description):
4. Working Conditions (identify all sources of noise; such as drills, compressors, rivet guns, etc.):
5. Safety Precautions (describe equipment or procedures used to reduce the hazard, e.g., whether hearing protection is required, and type worn): Did the employee wear the hearing protection as required by regulations?
6. Work Exposure (state the nature, extent and duration of exposure, including dates, hours per day and days per week):
7. Description and/or diagram of work site (list all buildings employee worked in, describe the work site(s) and, if necessary, provide a diagram of the employee's work area in relation to areas of hazardous noise levels):
8. Off Duty Exposure (provide any information you may have regarding employee's off duty exposure to noise, such as hobbies like hunting, dirt biking, etc.):
9. List others who worked in the same area and may have been similarly affected:

Signature

Date

Figure 810-30 Continued. Sample Supervisor's Supplemental Statement to Hearing Loss.

SUMMARY OF WORK HISTORY AND OCCUPATIONAL NOISE EXPOSURE

[illegible]

Designed using Perform Pro, WHS/DIOR

Figure 810-31. Sample of Noise Exposure Work History.

**Evidence Required in Support of a Claim
for Work-Related Skin Disease**

Dec 96
DoD 1400.25-M

U.S. Department of Labor

Employment Standards Administration
Office of Workers Compensation Programs



IF YOU ARE FILING A CLAIM FOR A SKIN CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE		FROM EMPLOYING AGENCY	
1. Give a detailed description of employment factors you believe responsible for your condition, to include: a. Specific type of exposure. b. Frequency and duration of exposure. c. Protective equipment used to guard against exposure.		6. Review and comment on the employee's statements provided in response to questions 1-5. Comment on the exposure claimed, providing any available information about the trade name and/or chemical content of the suspected irritants.	
2. Describe any exposure to skin irritants outside the work environment, including the type, duration and frequency of exposure.		7. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
3. Describe any previous skin conditions from the time they began through the present.		8. Attach copies of the employee's a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Copies of all physical examinations on file. e. Most recent SF-50, Notification of Personnel Action.	
4. Provide treatment records from any physicians who have provided treatment for any skin conditions.			
5. Attach or forward a medical report from your current physician to include: a. History of exposure. b. Findings. c. Diagnosis. d. Details of treatment. e. Explanation of the relationship between the findings and exposure history listed in Item no. 1 above. f. Discussion of temporary vs. permanent effect from work exposure. g. Work restrictions caused by the condition.			

Figure 810-32. Skin Disease Check List.

**Evidence Required in Support of A
Claim for Asbestos-Related Illness**

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



If you are filing a claim based on exposure to asbestos, use this checklist to identify the information needed from you and your employing agency. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	FROM EMPLOYING AGENCY
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service (see attached questionnaire.)	9. Review and comment on the accuracy of the employee's description of work performed and exposure to asbestos and other substances.
2. For each job title, describe the work you performed, the type of asbestos material used, locations where exposure occurred, period of exposure, number of hours per day and days per week exposed, and the types and frequency of safety precautions (mask, respirator, etc.) used (see attached questionnaire).	10. Provide exposure data, including air sample surveys or statements of the type of asbestos exposure, frequency, degree and duration for each job held. Air sample results should be reported in units of fiber/cc time weighted average. Also report concentrations of other pollutants and chemicals (see attached questionnaire).
3. Describe any exposure you have had to other toxic substances. If none, state "None".	11. Give the date employee was last exposed to asbestos at work. If the employee was removed from exposure, give the circumstances.
4. Describe any breathing or lung problems you have had in the past and treatment received (see attached questionnaire).	12. Attach copies of the employee's:
5. Give your smoking history to include amount per day, and years (dates) you have smoked (see attached questionnaire).	a. SF-171, Application for Employment.
6. Submit a report from your physician, including chest x-ray report, history, physical findings, diagnosis, opinion as to the relationship of the condition to employment, and course of treatment.	b. Position description with physical requirements for last job held.
7. Give the date you first consulted a physician regarding respiratory or asbestos-related disease.	c. Job sheet and employment record.
8. Submit reports of examination, treatment or hospitalization for any previous similar condition or pulmonary problem.	d. Pertinent dispensary records.
	e. Most recent SF-50, Notification of Personnel Action.
	f. Laboratory test results and chest x-ray reports on file.
	13. Describe safety regulations and protective devices in use by employee, with period and frequency of use.

Figure 810-33. Asbestos-Related Illness Check List.

PART A TO BE COMPLETED BY CLAIMANT

In order to determine if you are eligible for benefits, please provide the following information using your best estimates. If you run out of space, use a separate piece of paper and attach it to this form. Submit the form to your current (or last) employing agency. If the facility is no longer active, submit the statement to OWCP.

I. Employment History: Please include all employers, both Federal and non-Federal, your job titles, the work you performed, and the period you held each job. (Include military service).

Employer (Agency)	Job Title	Work Performed	Period	Fed. Civil Service? (Yes/No)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

II. Exposure History: Please describe all exposure to asbestos and other toxic materials in your employment. Include period of employment, type of exposure, number of hours exposed per workday and description of safety precautions used while working.

a. Asbestos: For "type of exposure" indicate whether exposure was heavy, medium or light:

Heavy - Visible airborne asbestos particles were evident.

Medium - Asbestos dust was visible on floors and work surfaces.

Light - No dust visible, but asbestos was in use.

Period	Type of Exposure (H, M, L)	Exposure Hrs/Day	Safety Precautions Used
1.			
2.			
3.			
4.			
5.			

b. Toxic Chemicals/Dust

Period	Material Exposed to:	Exposure Hrs/Day	Safety Precautions Used
1.			
2.			
3.			
4.			
5.			

(PLEASE CONTINUE ON REVERSE SIDE)

Appendix C. Occupational Disease Checklists

III. Medical History: Describe your medical history and include any treatment for heart, lung and other major health problems.

Have you ever had:	Yes	No	If Yes, explain	Dates
1. Heart Problems?				
2. Lung Problems?				
3. Other Major Problems?				

IV. Smoking History: Describe your smoking history, including dates you smoked, amount of material smoked per day, and type of material smoked.

Have you ever smoked:	Yes	No	If Yes, amount	No. of years	Date stopped	Dates
1. Cigarettes?						
2. Pipe?						
3. Cigars?						

PART B TO BE COMPLETED BY EMPLOYING AGENCY

Using the categories shown below, please complete the chart at the bottom of the page with reference to each Federal job held by this employee.

a. Nature of Exposure:

- Primary - Normal duties required actual manipulation of asbestos and/or asbestos-related products and generated dust.
- Secondary - Normal duties regularly involved work alongside others primarily exposed or in confined spaces.
- Intermittent - Normal duties irregularly involved entry into locations where asbestos and/or asbestos products were manipulated.
- Environmental - Normal duties were performed at a location where asbestos was used but the individual had no normal exposure in excess of ambient levels.

b. Degree of Exposure:

- Heavy - Asbestos dust was usually visible in the air.
- Medium - Asbestos dust was generally visible on work surfaces but did not cloud the air.
- Light - Asbestos was used in work area but was generally not visible (although detectable).
- Ambient - Asbestos levels did not exceed normal levels in the air outside of work spaces.

c. Frequency of Exposure: Hours per day.

Job Title	Period		Asbestos Exposure			Other Chemical or Dust Exposure				
	From	To	Nature	Degree	Frequency	Material	Nature	Degree	Frequency	Fiber/cc
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

U.S. GPO: 1968-202-061

Figure 810-34 Continued. CA-35c with Instructions.

FEDERAL INJURY COMPENSATION

Evidence Required In Support of a Claim
for Work-Related Coronary/Vascular Condition

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



IF YOU ARE FILING A CLAIM FOR CORONARY OR VASCULAR CONDITIONS (for example: heart attack, stroke, hypertension). THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	FROM EMPLOYING AGENCY
1. Give a detailed description of the factors of your employment you believe responsible for your condition. Identify dates, periods, events, people involved, etc.	6. Review and comment on the employee's statements in response to questions 1-5.
2. If you are claiming compensation for a heart attack or stroke, provide a specific account of your activities on and off duty for one week prior to the attack, with emphasis on the twenty-four hours immediately preceding the attack.	7. Describe in detail the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.
3. If you have a prior history of heart problems, provide a description of your condition and copies of medical records of treatment.	8. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.
4. Give your smoking history to include amounts and years (dates) you smoked.	9. Give the number of hours worked per day, days per week and the extent of overtime duty worked.
5. Provide a medical report from your physician which includes: a. Dates of examination and treatment. b. History given by you. c. Family history and other risk factors. d. Detailed description of findings. e. Copies of all diagnostic test results. f. Diagnosis. g. The clinical course of treatment followed. h. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in Item no. 1 above.	10. Provide a day-by-day listing of leave and leave without pay used due to this condition. 11. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action.

Figure 810-35. Coronary/Vascular Condition Check-List.

**Evidence Required in Support of a Claim
for Work-Related Psychiatric Illness**

U.S. Department of Labor
Employment Standards Administration
Office of Workers Compensation Programs



IF YOU ARE FILING A CLAIM FOR A PSYCHIATRIC CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE		FROM EMPLOYING AGENCY	
1. Give a detailed chronological description of particular employment factors which you believe caused your condition. Please identify dates, periods, events, people involved, etc.		7. Review and comment on the employee's statements provided in response to questions 1-5. Submit statements from witnesses, if appropriate.	
2. Describe the progress and development of the work-related condition from its beginning.		8. Provide a detailed statement describing the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	
3. Have you previously suffered from this or a similar condition? If so, give details of symptoms, disability and treatment records from all physicians and hospitals where you were treated.		9. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	
4. Give a brief description of your personal activities, hobbies, and any other employment.		10. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	
5. Describe changes or other sources of stress in your personal life occurring in the same time frame.		11. Provide a day-by-day listing of leave and leave without pay used due to this condition.	
6. Attach or forward a medical report as described on the reverse.		12. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action.	

Figure 810-36. Work Related Psychiatric Check-List.

Evidence Required in Support of A Claim for Work-Related Carpal Tunnel Syndrome

Dec 96
DoD 1400.25-M
U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

if you are claiming that your carpal tunnel or wrist problems are due to your job, use this checklist to identify the specific information needed from you and your employing agency to make a decision on the claim. All of the following information should be submitted with Form CA-2. Please return the checklist with statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	FROM EMPLOYING AGENCY
<p>1. Prepare a statement giving the following information:</p> <p>a. Provide an outline of your work history, including non-Federal employment and military service. For each job held, give your job title, agency/company name, and dates (period) of employment.</p> <p>b. For each job title, describe duties which required exertion with or repeated movement of the wrist or hand. Describe nature and frequency of motions required, and average number of hours a day/week you did such work.</p> <p>c. Describe hobbies, physical fitness or other activities outside of work which also involved exertion or repeated motions of wrist/hand. State the nature of each such activity, years involved in each, and how many hours a week you engaged in such.</p> <p>d. If you have ever had an injury to the hand/arm/wrist, or been diagnosed as having gout, arthritis, hypothyroidism, diabetes, a tumor, or deformity of the hand/wrist, from/since birth, describe the injury or condition, and state when injury occurred or condition was found.</p> <p>e. Give a brief chronological history of your hand/wrist problem. State which hand(s) are affected, when you first experienced problems, nature of the problems and changes over time to present, and dates and nature of medical care obtained.</p>	<p>1. Review the employee's statement, giving the following information:</p> <p>a. Comment on the accuracy of the employee's statement describing Federal job duties involving use of hand/wrist.</p> <p>b. Provide a day-to-day listing of leave and leave without pay used by the employee due to carpal tunnel/wrist problems.</p> <p>c. Give date employee entered on duty in job requiring above duties. Also give the effective date(s) and description(s) of any changes in work assignments due to employee's condition and indicate whether duty changes resulted in changes in pay.</p>
<p>2. Ask all doctors who treated you to send us a copy of reports or notes describing the condition, testing, and treatment given.</p>	<p>2. Send us copies of employee's:</p> <p>a. SF-171, Application for Employment;</p> <p>b. Position description with physical requirements for last job held;</p> <p>c. All available medical records, including report of pre-employment examination;</p> <p>d. SF-50s or equivalent documents for changes in assignment/pay due to condition.</p>
<p>3. Ask the doctor currently treating your condition to provide a detailed current medical report to include the following specifics:</p> <p>a. Dates of examinations;</p> <p>b. Complete medical history of condition;</p> <p>c. Medical diagnosis of condition;</p> <p>d. Findings and test results, specifically including: results of Phalen's and Tinel's Sign tests; physical findings concerning sensation over palmar aspect of first three and one-half digits, and dorsal aspect of end joints of same digits, and any atrophy of the Thenar Eminence; results of nerve conduction velocity, and electromyographic testing;</p>	<p>e. Treatment to date and prognosis;</p> <p>f. Reasoned opinion explaining any causal relationship between the condition and your Federal civilian job.</p> <p>It is MOST IMPORTANT that the doctor provide opinion as to the likely nature of the physical effects attributable to specified duties of your Federal job, and explain the medical reasoning which supports the opinion as to cause.</p>

Figure 810-37. Sample Carpal Tunnel Syndrome Check-List.

**Evidence Required In Support of a Claim
for Occupational Disease**

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE	FROM EMPLOYING AGENCY
1. Give a detailed description of factors of employment believed responsible for condition. Be specific as to the duration and nature of the factors: for instance weights carried, distances walked, chemicals used, or other relevant job factors.	5. Review and comment on employee's statement provided in response to item no. 1.
2. Give the history of the condition from first awareness of the problem. Include description of all home treatment and professional care as well as symptoms.	6. If employee's job differs from official description, describe exactly his/her duties.
3. Describe any prior similar problem, with dates of onset, history, medical care received, and copies of the medical records of your treatment.	7. Give a day-by-day listing of leave and leave without pay used due to this condition.
4. Attach or forward a medical report from your physician to include the following items: a. Dates of examination and treatment. b. History given by you. c. Detailed description of findings. d. Results of all diagnostic tests. e. Diagnosis. f. The clinical course of treatment followed. g. Doctor's opinion, with reasons for such opinion, as to the relationship between any condition you may now have and the factors of employment identified in item no. 1 above.	8. Attach copies of the employee's: a. SF-171, Application for Employment. b. Position description with physical requirements. c. Pertinent dispensary records. d. Most recent SF-50, Notification of Personnel Action.

Figure 810-38. Occupational Disease Check-List.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Controversion of FECA Claim - Orville G. Flye, DOI-Unknown

TO: Office of Workers' Compensation Programs
Street Address
City, State, Zip Code

Dear Claims Examiner:

Reference is made to the attached Form CA-2 submitted by Mr. Orville G. Flye, in which he is claiming compensation for his asbestosis condition. He alleges that his condition resulted from exposure to asbestos while he was employed as a Steamfitter at Brookley Field in 1946 and 1947.

As you are aware, Brookley Air Force Base was closed in the late 1960s. Because of this we have no personal knowledge what his duties, working conditions or who his supervisors were at that time. We have not completed the reverse side of Form CA-2.

We have, however, obtained his official personnel folder and medical records from the National Records Center. Based on our review of the documents contained therein, the following information concerns his Federal employment:

- a. He was initially employed at Brookley Field from 8 April 1942 through 15 July 1944 when he was placed on military furlough. During this period, he worked as a General Mechanic Helper, Junior Machinist, and Machinist with no exposure indicated.
- b. On 9 July 1946, he was reemployed following his military service and was terminated (displacement) on 15 May 1947. During this period, he did work as a Steamfitter, Grade 14, Step 4. His starting and ending salaries were \$1.28 per hour and \$1.40 per hour, respectively. According to an SF 57, "Application for Federal Employment," submitted and signed by Mr. Flye, his duties consisted of "repairs on steam traps, valves, hot water lines, steam and return lines, rework steam regulator valves, traps, condensation pumps, reinsulated boilers, and steam lines." His supervisor at that time was Capt Bill Smith.
- c. On 18 September 1947, he was again reemployed at Brookley where he worked until he retired. On his application for disability retirement, he described his disabilities as arthritis all over his body, heart disease, and hypertension. Although his last day of work was 29 May 1967, his disability retirement was not effective until 17 August 1967. On his last day of work, he was an Electrical Components Quality Control Inspector, W(WB)2870, Grade 11, Step 3, \$3.21 per hour. It is noted that while he was apparently in a sick leave status he was promoted with a change in appointing authority to Kelly Air Force Base, Texas. No exposure is indicated during

Figure 810-39. Sample letter to OWCP Regarding Claimant No
Longer Employed.

this 20-year time frame. From his documented work history, it appears that during periods of non-Federal employment (both prior to and after the 1946-1947 period), he may have incurred considerable asbestos exposure when he worked around shipyards, shingles and insulation materials. For example, asbestos exposure while working at shipyards would normally be expected to be much greater than that of an Air Force installation where exposure would probably be only 10 to 15 minutes a day. Possible periods of considerable non-Federal exposure are:

(1) From 1938 - 1939, when he was employed by the South Mississippi Steamship Co., Jacksonville, Florida, as a Laborer painting and cleaning ships.

(2) From October 1939 to August 1940, when employed at the Atlas Roofing Co., Birmingham, Alabama, as a Shingle Stacker stacking shingles on pallets to be placed in dryer kilns.

(3) From September 1940 to April 1942 and from June 1947 to September 1947, when employed at the Georgia Dry Dock and Ship Co. as a Pipefitter, where he did new and repair work on all kinds of steam ships. (The latter period immediately followed the alleged Air Force exposure.)

(4) From 1956 to 1958, when he worked part-time (10 hours a week) as a commercial electrician wiring houses, installing electric hot water heaters, water pumps, and electrical components. (This is also after the 1946-1947 period and it appears that this type of work could easily result in asbestos exposure from insulation materials.)

The evidence presented in the medical record does not document any parenchymal pulmonary fibrosis as a result of asbestos exposure. There is no evidence of any pulmonary or general medical disability as a result of his past asbestos exposure. Calcified pleural plaques as a result of asbestos exposure are considered "benign." They cause no pulmonary disability and are not a precursor to future pulmonary disease. Since pleural calcifications can be caused by conditions other than asbestosis and Dr Jones' report (1) does not provide reasoned medical opinion to support causal relationship, or (2) a diagnosis of asbestosis (as claimed by Mr. Flye), we request that Mr. Flye's x-rays be sent to us for review and interpretation by one of our radiologists with expertise in asbestos-related pulmonary disease.

The x-rays can be sent to the undersigned or to John Williams, M.D. Chief of Occupational Medicine Services, HQ AFMC/SGPO, Wright-Patterson AFB, Ohio, 45433-5001.

Prior to adjudicating Mr. Flye's claim, it is recommended that he be required to complete Forms CA 935 and 936 so that Social Security records can be obtained to ascertain any other periods and places of employment following the alleged Federal exposure. Furthermore, should the claim be approved, we believe he should be entitled to medical benefits only as the claimed condition will not add to his already totally disabled status. Copies of pertinent documentation contained in his OPF are enclosed in the indexed evidence packet. It is interesting to note that if

there were other records in the OPF which would have been helpful, they were sent to Mr. Flye on 13 November 1993. The chargeback code for this claim would be 3721 UL (MOAMA Old).

We would appreciate your keeping us advised of the status and the final decision. If further assistance is needed, please contact me at 614-522-0001 or Dr. Williams at 614-522-0002.

Sincerely,

MELVIN A. BROWN
Injury Compensation Program
Administrator

- 2 Encl
1. CA-2
2. Evidence File

Figure 810-39 Continued. Sample Letter to OWCP Regarding Claimant
No Longer Employed.

**WORKSHEET FOR COMPUTING CONTINUATION OF PAY
INTERMITTENT, WAE, OR PART-TIME EMPLOYEES**

EMPLOYEE: _____ CLAIM NO: _____

DOI: _____

1. A. Weekly pay rate:
 \$ _____
 Total pay earned (excluding overtime) during
 1 year before the injury divided by the total
 number of weeks worked (excluding overtime).

 B. Compute 150 day rule:
 \$ _____
 Total pay earned during 1 year before the
 injury divided by total hours worked (excluding
 overtime) = hourly pay rate. Average hourly
 pay rate times 8 times 150 divided by 52 equals
 average weekly earnings.

2. Salary for a full week of COP: _____ \$ _____
 Use the highest rate in 1A or 1B.

3. For partial weeks of COP:
 \$ _____
 Subtract actual earnings during the week of
 COP from the established pay rate.

EXAMPLE

- 1.(A) Earnings for 1 year prior = \$24,343.20.
 49 weeks worked: \$24,343.20 divided by 49 = \$496.80 weekly pay rate.

Figure 810-40. Sample Worksheet for Computing COP for
Intermittent, WAE, or Part-Time Employees.

or 150 Day Rule

1.(B) Earnings for 1 year prior = \$24,343.20.
49 weeks worked times 40 hours = 1960 hours worked
\$24,343.20 divided by 1960 hours times 8 times 150 divided by 52 equals
average weekly earnings of \$286.61.

1.(A) is greater than 1.(B).

Employee earns \$12.42 per hour. $\$12.42 \times 8 \text{ hours} = \99.36 per day.
Employee worked 1 day during the COP week: $\$496.80 - \$99.36 = \$397.44$ COP.

The actual earnings of \$99.36 is deducted from the weekly pay rate and COP of \$397.44 is paid for the remainder of the COP week.

Figure 810-40 Continued. Sample Worksheet for Computing COP for
Intermittent, WAE, or Part-Time Employees.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date:

SUBJECT: Controversion of COP, James O. Smith, DOI: May 27, 1994

TO: Office of Workers' Compensation Programs
Street Address
City, State Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our employee, Mr. James O. Smith, is controverted in accordance with 20 CFR 10.201(a)2, since the stated disability appears to be the result of an occupational illness rather than a traumatic injury.

In Item 13, Cause of Injury, of the CA-1, Mr. Smith states he was subjected to repeated incidents during the workweek of May 23-27, 1994. Since the cause of injury fails to meet the "single workday or shift" requirement of the FECA for a traumatic injury, his claim for COP has been denied pending adjudication of his claim by your office. We request your office confirm our decision by upholding the controversion.

Your earliest consideration of our request is appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

MELVIN A. BROWN
Injury Compensation Program Administrator

3 Enclosures

1. CA-1
2. CA-20
3. OWCP - 1500

cc: Mr. James O. Smith
Supervisor

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Controversion of COP, James O. Smith, DOI-27 May 1994

TO: Office of Workers' Compensation Programs
Street Address
City, State, Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our employee, Mr. James O. Smith, is controverted in accordance with 20 CFR because he did not report his injury within the 30-day time limitation.

In Item 10 of the Form CA-1, Mr. Smith states the injury occurred on 27 May 1994. In Item 11, however, he states the date of notice as 30 June 1994. The supervisor was not aware of any injury until the notice was filed on the 30 June date. In view of the above facts, his claim for continuation of pay (COP) has been denied pending the adjudication of his claim by your office. We request your office confirm our decision by upholding the controversion.

Your early consideration of our request will be appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

- 3 Encl
1. CA-1
2. CA-20
3. OWCP-1500

MELVIN A. BROWN
Injury Compensation Program
Administrator

cc:
James O. Smith
Supervisor

Figure 810-42. Sample Controversion Letter - Traumatic Injury
Not Reported Within 30-Day Time Period.

810-B-104

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Controversion of COP, James O. Smith, DOI-25 May 1994

TO: Office of Workers' Compensation Programs
Street Address
City, State, Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our employee, Mr. James O. Smith, is controverted in accordance with 20 CFR 10.201(a)4 because his work stoppage did not occur within the 90-day time limitation.

Mr. Smith did timely report the injury on Form CA-1; however, he did not obtain medical treatment nor did he lose time from work due to the reported injury until 15 September 1994. Consequently, his claim for COP has been denied pending the adjudication of his claim by your office. We request your office confirm our decision by upholding the controversion.

Your early consideration of our request will be appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

- 3 Encl
1. CA-1
2. CA-20
3. OWCP-1500

MELVIN A. BROWN
Injury Compensation Program
Administrator

cc:
James O. Smith
Supervisor

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Controversion of COP, James O. Smith, DOI-16 May 1994

TO: Office of Workers' Compensation Programs
Street Address
City, State, Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our former employee, Mr. James O. Smith, is controverted in accordance with 20 CFR 10.201, 4c because he did not report (either verbally or written) his alleged injury until after he had been terminated from our employment rolls.

Please note that the Form CA-1, Item 11 shows the date of notice as of 25 May 1994. The termination of Mr. Smith's appointment was 20 May 1994. Accordingly, we have advised Mr. Smith that he is not eligible for continuation of pay. A copy of the SF 50 showing termination of his appointment is attached for your information and records. We request your office confirm our decision by upholding the controversion.

Your early consideration of our request will be appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

- 4 Encl
1. CA-1
2. CA-20
3. OWCP-1500
4. SF 50

MELVIN A. BROWN
Injury Compensation Program
Administrator

cc:
James O. Smith
Supervisor

Figure 810-44. Sample Controversion Letter - Injury Reported After
Employee Was Terminated.

810-B-106

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Controversion of FECA Claim - James G. Blue, DOI - 3 January 1994

TO: Office of Workers' Compensation Program
Street Address
City, State, Zip Code

Dear Claims Examiner:

We request that status of James G. Blue's claim be changed from noncontroverted to controverted for the reasons stated below. According to Mr. Blue's Form CA-1, he sustained a minor contusion to his left ankle while in the performance of duty on 3 January 1994. He accepted treatment at our medical facility, was found fit for duty and returned to work. He worked without incident through 7 January 1994. On 10 January 1994, Mr. Blue contacted this office stating his ankle was still bothering him, requested he be granted COP and authorization to see his private physician, Dr Thomas. Mr. Blue's supervisor issued a Form CA-16 authorizing medical treatment for the ankle injury and mailed it to Dr Thomas the same day. Mr. Blue was subsequently hospitalized for surgery, and as of this date has not returned to duty.

We have carefully reviewed the attached Form CA-16, recent correspondence from Dr Thomas, and the hospital reports. Although Dr Thomas's letter of 11 January 1994 led us to believe that the claimant was being hospitalized for his ankle injury, these attachments indicate otherwise. This evidence shows that Mr. Blue was hospitalized and treated for a health problem unrelated to his ankle injury or to his federal employment. Further, it does not provide reasoned medical opinion of relationship between Mr. Blue's ankle injury to the hospitalization and surgery for "gangrenous appendix."

We believe that Mr. Blue is attempting to abuse the provisions of the FECA and is being aided by his treating physician. Since the attached documentation clearly shows that Mr. Blue's disability is not related to his claimed injury, we request his claim be denied in its entirety.

Figure 810-45. Sample Controversion Letter - Diagnosis
Not Compatible With Injury.

Thank you for your consideration of our request. If you have any questions, please call me at 614-522-5001.

Sincerely,

3 Encl

1. Form CA-16
2. Dr Thomas's ltr
3. Hospital Records

MELVIN B. BROWN
Injury Compensation Program
Administrator

cc: James G. Blue

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Controversion of FECA Claim - Mary A. Brown, DOI - 3 January 1994

TO: Office of Workers' Compensation Program
Street Address
City, State, Zip Code

Dear Claims Examiner:

The information contained in the attached Form CA-1 submitted by Ms Mary A. Brown, the supervisor and activity medical officer's statements, and the Form CA-20 indicate that Ms Brown's medical condition is not related to employment factors. Instead, the attachments show that Ms Brown did not incur her injury in the "performance of duty."

According to the documentation, the claimed injury did occur on the employer's premises. However, the time of the incident was 40 minutes prior to the beginning of Ms Brown's work shift, and the act of showering in our government facility was not required in the performance of her duties but for her own personal satisfaction and convenience. Due to a power failure at her home, she was without hot water and decided to shower at work. Ms Brown had not established a pattern or routine of a morning shower at work, and we consider her indulgence a substantial deviation from her employment.

As stated above, the injury occurred on the premises but did not arise out of her employment as this act did not have any relationship to the work she was employed to perform nor was it incidental to her contract of employment. We believe her injury is not covered by the FECA and that the claim should be denied. We have advised Ms Brown that we are controverting her claim.

Your early decision on this claim will be appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

3 Encl
1. CA-1
2. Supvr Stmt
3. Dr Stmt
cc: BBBB-BB (Mary A. Brown)

MELVIN A. BROWN
Injury Compensation Program
Administrator

Figure 810-46. Sample Controversion Letter - Injury Not in Performance
of Duty.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date:

SUBJECT: Controversion of FECA Claim - James G. Blue, DOI: January 3, 1994

TO: Office of Workers' Compensation Program
Street Address
City, State Zip Code

Dear Claims Examiner:

We are forwarding the enclosed Form CA-2, Notice of Occupational Disease and Claim for Compensation, filed by our employee, James G. Blue, for your adjudication. We cannot concur that Mr. Blue's claim for severe sinus condition is caused by his employment with the US Air Force. Mr. Blue alleges that he works in a dusty, closed-in environment, which causes him to have difficulty in breathing, headaches, and sinus congestion.

Recently taken dust samplings (Encl 2) are well within OSHA standards in the area where he works. The base supply store where he stocks shelves is vacuumed and dusted daily (Encl 3) and the building is equipped with an air conditioning system which filters the air as well as provides a comfortable temperature (Encl 4). Please note that Mr. Blue suffered a sinus condition prior to being employed by the US Air Force (Encl 5).

Mr. Blue's personal statement and the comments submitted by his immediate supervisor are enclosed as required. Please note the discrepancy between Mr. Blue's statements and those of his supervisor concerning the nature and the duration of the claimant's exposure to substances.

Based on all available information concerning Mr. Blue's claim, we do not believe that his sinus condition is casually related to his employment factors. We request your thorough review of this claim based on the evidence submitted in this letter.

Figure 810-47. Sample Controversion Letter - Occupational
Disease Not Related to Employment.

If you have any questions, please call me at 614-552-0001.

Sincerely,

MELVIN A. BROWN
Injury Compensation Program Administrator

5 Encl

1. CA-2 w/Supv & Empl Stmt
2. Samplings
3. Statement
4. Temperature Reading
5. Physical

cc: BBBB-BB (Mr. James G. Blue)

Figure 810-47 Continued. Sample Controversion Letter - Occupational
Disease Not Related to Employment.

WORKSHEET FOR COMPUTING FIREFIGHTERS PAY

Pay rate is based on 144 hours per 14-day work period. Total hours are 144 (106 regular hours plus 38 hours overtime).

EMPLOYEE: _____ CLAIM NO: _____

1. Grade and step on date of injury, date disability began or date of recurrence GS5/5
2. Use the greater of per annum basic pay rate on date of injury, DOR or DDB:
(Obtain from SF 50 and attach a copy of SF 50) \$23,686
3. Premium Pay Percentage: 25 Percent x or 22 Percent _____
(25 percent applies if firefighter works on a Sunday;
22 percent applies if firefighter works no Sundays.)

FORMULA

4. Item 2 divided by 26 = Basic Pay \$911
5. Item 4 X .25 (or .22) = Standby Premium Pay \$227.75
6. Item 4 + Item 5 = Total Remuneration \$1138.75
7. Item 6 divided by 144 = Hourly regular rate \$7.91
8. Item 7 X .50 X 38 = FLSA Overtime \$150.29
9. Item 6 + Item 8 = Total Biweekly Pay \$1289.04
10. Item 9 divided by 2 = Weekly Pay Rate \$644.52
11. To obtain hourly rate divide item 10 by 72: \$8.95

Figure 810-48. Sample Firefighters Computation Worksheet.

WORKSHEET FOR COMPUTING FIREFIGHTERS PAY

Pay rate is based on 144 hours per 14-day work period. Total hours are 144 (106 regular hours plus 38 hours overtime).

EMPLOYEE: _____ CLAIM NO: _____

1. Grade and step on date of injury, date disability began or date of recurrence _____
2. Use the greater of per annum basic pay rate on date of injury, DOR or DDB:
(Obtain from SF 50 and attach a copy of SF 50) _____
3. Premium Pay Percentage: 25 Percent _____ or 22 Percent _____
(25 percent applies if firefighter works on a Sunday;
22 percent applies if firefighter works no Sundays.)

FORMULA

4. Item 2 divided by 26 = Basic Pay _____
5. Item 4 X .25 (or .22) = Standby Premium Pay _____
6. Item 4 + Item 5 = Total Remuneration _____
7. Item 6 divided by 144 = Hourly regular rate _____
8. Item 7 X .50 X 38 = FLSA Overtime _____
9. Item 6 + Item 8 = Total Biweekly Pay _____
10. Item 9 divided by 2 = Weekly Pay Rate _____
11. To obtain hourly rate divide item 10 by 72: _____

Figure 810-48. Sample Firefighters Computation Worksheet.

COST-OF-LIVING ADJUSTMENTS

UNDER 5 USC 8146a

EFFECTIVE DATE	RATE	PERIOD SINCE LAST CPI		EFFECTIVE DATE	RATE	PERIOD SINCE LAST CPI	
		DAYS*	MONTHS			DAYS*	MONTHS
10/1/66	12.5%	--	--	4/1/80	7.2%	183	6
1/1/68	3.7%	457	15	9/1/80	4.0%	153	5
12/1/68	4.0%	335	11	3/1/81	3.6%	181	6
9/1/69	4.4%	274	9	3/1/82	8.7%	365	12
6/1/70	4.4%	273	9	3/1/83	3.9%	365	12
3/1/71	4.0%	273	9	3/1/84	3.3%	366	12
5/1/72	3.9%	427	14	3/1/85	3.5%	365	12
6/1/73	4.8%	396	13	3/1/87	.7%	730	24
1/1/74	5.2%	214	7	3/1/88	4.5%	366	12
7/1/74	5.3%	181	6	3/1/89	4.4%	365	12
11/1/74	6.3%	123	4	3/1/90	4.5%	365	12
6/1/75	4.1%	212	7	3/1/91	6.1%	365	12
1/1/76	4.4%	214	7	3/1/92	2.8%	366	12
11/1/76	4.2%	305	10	3/1/93	2.9%	365	12
7/1/77	4.9%	242	8	3/1/94	2.5%	365	12
5/1/78	5.3%	304	10				
11/1/78	4.9%	184	6				
5/1/79	5.5%	181	6				
10/1/79	5.6%	153	5				

★ Calendar Days

Prior to 9/7/74, the new compensation after adding the CPI is rounded to the nearest \$1.00 on a monthly basis or the nearest multiple of \$.23 on a weekly basis (\$.23, \$.46, \$.69, or \$.92). After 9/7/74, the new compensation after adding the CPI is rounded to the nearest \$1.00 on a monthly basis or the nearest multiple of \$.25 on a weekly basis (\$.25, \$.50, \$.75, or \$1.00).

Prior to 11/1/74	.08 - .34 = .23	Effective 11/1/74	.13 - .37 = .25
	.35 - .57 = .46		.38 - .62 = .50
	.58 - .80 = .69		.63 - .87 = .75
	.81 - .07 = .92		.88 - .12 = 1.00

Figure 810-49. Consumer Price Index.

SHADRICK FORMULA

1. Pay rate when: \$ _____
 - a. Injured
 - b. Disability began
 - c. Compensable Disability Recurred
2. Current pay rate for job and step when injured: \$ _____

(This is a very important step in the formula.
In many cases, overpayments occur because the
recurrence or date disability began pay is used.
It is important to know the grade and step on
the date of injury to submit the current pay rate.)
3.
 - a. Is capable of earning
 - b. Has actual earnings of \$ _____
4. WEC (Item 3 divided by Item 2) _____%
5. WEC (Item 4 times Item 1) \$ _____
6. Loss of WEC (Item 1 minus Item 5) \$ _____
7. Compensation (Item 6 times () $\frac{2}{3}$ or () $\frac{3}{4}$) \$ _____

Figure 810-50. Shadrick Formula.

EXAMPLE

**U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs**



1. Name of Employee: (Last, First, Middle) JOHNSON, Rosemary A.	2. SSN 555-44-9999	3. OWCP File Number 11-88888
4. Period Covered by This Form: From: 03 / 05 / 96 To: 03 / 18 / 96		5. Total Hours Claimed for LWOP: 0 for Leave Buyback: 60

6. In "Type of Leave Used" column, use codes "S" = Sick, "A" = Annual, "O" = Other. If compensation is claimed for date, indicate "Yes" in "Compensation Claimed" column.

Date(s)	Compensation Claimed?	Number of Hours				Type of Leave Used	Reason for Leave Use/Remarks (e.g., doctor visit, therapy, etc.)
		LWOP	Worked	Hol	Leave		
03-05-96 -- 03-12-96	Yes				48	S	Total Disability
03-13-96	Yes				8	A	Total Disability
03-18-96	Yes				4	S	Doctor's Appointment
Totals							

Rosemary A. Johnson
Signature of Claimant

Date Signed 3-20-96

Agency Statement/Certification: I certify the above is accurate, except as follows:

NOTE: Employee completes items 1 - 6; supervisor certifies)

Thomas J. Smith
Signature of Agency Official

Date Signed 3/21/91

Figure 810-51. Time Analysis Form - CA-7A

Instructions for Completing Form CA-7A Time Analysis

General: This form is used when claiming FECA compensation, including repurchase of paid leave. It must be used when claiming compensation for more than one consecutive period of leave.

Instructions for Employee:

Blocks 1, 2, and 3: Self-explanatory.

Block 4: Indicate beginning and ending dates covered by this form. These must be the same as on Forms CA-7 and CA-7b.

Block 5: If claiming compensation for any dates detailed in block 5, state total number of hours claimed for leave without pay and total number of hours of leave. This should be at least 10 hours unless this is your final claim.

Block 6:

1st Column: Show full date.

2nd Column: For each date noted in column 1, state "Y" if you are claiming compensation for that date and "N" if you are not.

3rd, 4th, 5th and 6th Columns: Show the number of hours of LWOP, number of hours worked, paid holiday hours, and number of hours of paid leave.

7th Column: Using the legend provided, indicate the type of leave used.

8th Column: State the reason you were off work. For each date for which compensation is claimed, there must be medical evidence supporting entitlement.

Sign and Date Form and Submit to the Appropriate Agency Official.

Instructions for Employing Agency:

Block 7: Verify accuracy of hours and status for each date listed. If challenging entitlement for any date, attempt to resolve discrepancies prior to submitting claim to OWCP. If discrepancy cannot be resolved, indicate the specific basis for the challenge in the space provided.

Dec 96
DoD 1400.25-M

EXAMPLE

Leave Buy Back (LBB) Worksheet/
Certification and Election

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



Employee Statement — Please carefully read instructions on pages 3 and 4 before filling out this form.

A. Name of Employee: (Last, First, Middle)

JOHNSON, Rosemary A.

B. OWCP File Number:

11-88888

C. Social Security Number:

555-44-9999

D. Period for Which Compensation is Claimed to Repurchase Leave

From: 03 / 05 / 96

To: 03 / 18 / 96

I. Agency Estimate of FECA Entitlement:

A. Weekly Base Payrate (excluding overtime)

• Date of Injury 01 / 18 / 96 \$ 657.00

• Date Stopped Work 01 / 18 / 96 \$ 657.00

• Date of Recurrence NA / / \$

Enter the greatest amount and the effective date of that amount on line 1.

1. \$657.00

01 / 18 / 96
(effective date)

B. Additions to Base Pay:

If employee works a regular schedule, state the amount earned weekly. If irregular schedule, state amount earned 1 year prior to date entered on line 1 ÷ by 52.

• Night Differential

2. 0

• Sunday Premium

3. 0

• Subsistence/Quarters

4. 0

• Other (Specify)

5. 0

C. Total Weekly Payrate (Add lines 1 through 5)

6. \$657.00

D. Compensation Rate (Circle either 2/3 or 3/4)

7. 2/3 (3/4)

E. Total Hours Claimed on CA-7a (sick/annual leave only)

8. 60

F. Total Hours Worked per Week

9. 40

G. Formula (for FECA Entitlement)

$$\begin{array}{ccccccc} \$ 657.00 & \times & 3/4 & \times & 60 & - & 40 \\ \text{(Weekly Payrate} & & \text{(Compensation Rate} & & \text{(Hours} & & \text{(Hours Wkd/Wk} \\ \text{See Line 6))} & & \text{See Line 7)} & & \text{See Line 8)} & & \text{See Line 9)} \end{array} = 10. \$ 739.00$$

Figure 810-53. LBB Worksheet/Certification and Election Form w/
Instructions.

Form CA 7b
June 1996

810-B-119

EXAMPLE

II. Agency Certification:

H. Total Amount Due Agency to Repurchase Leave
(NOTE: This amount provided by payroll)

11. \$ 876.00

I. Estimate of FECA Entitlement (See Line 10)

12. \$ 739.00

J. Balance Due Agency from Employee (Line H minus Line I)

13. \$ 137.00

I hereby certify that the above is consistent with agency payroll records.

The employing agency agrees to allow the employee to repurchase his/her leave. Leave records will be, or have been, changed from "Leave with Pay" to "Leave without Pay" for the period shown on the leave analysis.

I further certify that if this claim is signed by the employee, the employee has made arrangements to pay the agency the balance between the total amount the agency requires to recredit leave and the amount of the FECA entitlement.

(Signature of Agency Official)

(Title/Position)

Phone No: _____

Date Signed: _____

Employing Agency Address for Check: (Servicing civilian payroll office)

Employee Claim:

_____ K. I hereby elect *not* to repurchase the leave used at this time.

_____ L. I hereby elect FECA compensation to repurchase leave used for medical care or disability resulting from my job-related injury or condition.

I understand that I am responsible for paying my agency the difference between the FECA entitlement and the amount my agency requires to restore my leave, and have done or made arrangements for this.

I understand that if my actual entitlement to FECA compensation is within 10% of the amount estimated above, OWCP will process the leave buy back. If the payrate used in the worksheet above is within 10% of the payrate determined by FECA, and less than the full period claimed is approved, OWCP will process payment for the approved period.

Rosemary A. Johnson
(Signature of Claimant)

4-2-96
(Date Signed)

810-B-120

Instructions for Form CA-7B Leave Buy Back Worksheet

This form is intended to accompany Form CA-7, *Claim for Compensation*, when the employee is claiming leave buy back.

Things to Know About... **Definition of Leave Buy Back:**

When an employee uses their sick or annual leave to cover an injury-related absence from work, they may elect to receive compensation instead. Compensation is paid at $\frac{2}{3}$ of the employee's base pay if there are no eligible dependents, or at $\frac{3}{4}$ with 1 or more dependents. The agency pays leave at 100% of salary. In order for leave to be reinstated, the employee must refund to the agency the difference between the compensation entitlement and the total amount of leave paid by the agency.

The employee's leave record must be changed to Leave Without Pay (LWOP) in order for the compensation to be paid. Leave is not earned during a period when an employee is in LWOP status. Therefore, the repurchase of leave may result in a reduction of earned leave.

Instructions to the Employee:

Please submit a claim for a minimum of 10 hours unless no further claim is anticipated. Medical documentation must be provided for all dates claimed.

1. Complete the Form CA-7 for the dates claimed. Where more than one continuous period of leave is claimed, complete Form CA-7a following the instructions for completing that form.
2. Submit the completed CA-7, CA-7a, if appropriate, and medical documentation for all dates claimed, to your agency official. If there are discrepancies, try to reconcile the difference with your agency official prior to submission of the claim.
3. The agency official will provide you with an estimate of worker's compensation benefits due, the total amount owed the agency in order for the leave to be restored, and the amount you must pay the agency. Using this information, determine whether you wish to repurchase your leave, and check the appropriate block. If you choose to repurchase the leave, you will be required to pay to the agency the difference between the compensation due and the amount owed to the agency.
 - a. If the total amount of FECA benefits estimated by the agency is not more than 10% above the amount determined by OWCP to be accurate, OWCP will process a payment for all hours supported by medical evidence. If medical evidence supports some, but not all of the hours claimed, payment will be made for the approved hours. You may submit a new claim with medical support for the additional hours.
 - b. If the total amount of FECA benefits estimated by the agency is more than 10% above the correct amount, OWCP will not process the payment. Instead, the Office will offer you a new election with the correct amount of FECA benefits payable.

Instructions to the Agency:

Items A through D (*top of form*) are self-explanatory.

Section I. Agency Estimate of FECA Entitlement:

Item A: Enter all three pay rate types and effective dates if applicable. Choose the greatest amount of the three and enter the amount and effective date in Line 1. A recurrent pay rate should only be used if: (1) the employee stops work more than 6 months following their first return to regular, full time duty and (2) the loss of time is due to disability rather than medical examinations or treatment.

For unusual situations, please refer to Payrate Desk Aid.

Item B: If the employee works a regular schedule, enter the differentials earned weekly. If an irregular schedule, give the total amount earned for the year prior to the date in Line 1 divided by the number of weeks worked in that year.

Please refer to Payrate Desk Aid for guidance on inclusions and exclusions. If in doubt, consult a Claims Examiner.

Item C: Add lines 1 through 5 and enter the total in Line 6.

Item D: Circle the appropriate rate: 2/3 for employees without dependents; 3/4 with dependents. Dependents include: spouse; children under 18 living with or supported by the employee; children under 23 in school full time; children over 18 incapable of self support; and parents wholly supported by the employee.

Item E: Enter the total hours *claimed*, from Form CA-7a.

Item F: Enter the total hours in the employee's normal work week.

Item G: Formula for FECA Entitlement. Use this formula to calculate estimate of FECA entitlement and enter the result in Line 10.

Example of computation: The weekly pay from line 6 is \$574.00. The employee is married, works 40 hours a week, and is claiming 82 hours of leave. FECA entitlement is calculated as follows:

$$\$574.00 \times \frac{3}{4} \times 82 \text{ hours} \div 40 \text{ hours} = \$882.52$$

Section II. Agency Certification:

Item H & I are self-explanatory. For Line J, subtract Line I from Line H.

Sign and date, and advise the employee of the amount they owe to the agency.

Section III. Employee Claim:

If the employee elects not to repurchase the leave, retain the form in the agency files. If the employee elects to repurchase the leave, submit all claim documents (CA-7, CA-7a & CA-7b) plus any medical documentation to OWCP for processing.

9C. If no med evidence for any hrs, CE defers decision and requests evidence.

EE	EMPLOYEE
FEDA	FEDERAL EMPLOYEES COMPENSATION ACT
HRS	HOURS
ICS	INJURY COMPENSATION SPECIALIST
LTR	LETTER
MED	MEDICAL
PYMT	PAYMENT
RECD	RECEIVED
SUPVR	SUPERVISOR
WKLY	WEEKLY

**INSTRUCTIONS FOR USE OF TABLES
FOR DETERMINING FECA PROGRAM COSTS/SAVINGS**

Using table A, take claimant's year of birth, follow horizontally to current calendar year to determine number of years to age 70. Multiply the number of years to age 70 times the current annual compensation cost.

EXAMPLE: Claimant was born in 1945 and receives \$20,000 per annum. From 1945 to column for the current year when computing projected cost (in this instance 1994 is used) = 21 years to age 70. Multiply \$20,000 by 21 = \$420,000.

Using Table B, find corresponding inflation factor to number of years determined using Table A. Multiply factor times the cost determined in A.

EXAMPLE: \$420,000 X 1.696 (22 years used in A) = \$712,320.

NOTE: A 5 percent constant inflation factor was determined to be as conservatively realistic as any other factor per discussion with several experienced budget analysts.

Figure 810-55. Instructions for Using Tables to Compute Program
Costs/Savings.

**TABLES FOR DETERMINING FECA PROGRAM LIABILITIES/COST AVOIDANCE
BASED ON LIFE EXPECTANCY OF AGE 70**

YEAR OF BIRTH	TABLE A				TABLE B	
	1994	CALENDAR YEAR			INFLATION YEARS	FACTOR
		1995	1996	1997		
1919	0	0	0	0	1	1.00
1920	0	0	0	0	2	1.025
1921	0	0	0	0	3	1.05
1922	0	0	0	0	4	1.075
1923	0	0	0	0	5	1.102
1924	0	0	0	0	6	1.13
1925	1	0	0	0	7	1.166
1926	2	1	0	0	8	1.19
1927	3	2	1	0	9	1.221
1928	4	3	2	1	10	1.254
1929	5	4	3	2	11	1.287
1930	6	5	4	3	12	1.322
1931	7	6	5	4	13	1.358
1932	8	7	6	5	14	1.395
1933	9	8	7	6	15	1.434
1934	10	9	8	7	16	1.473
1935	11	10	9	8	17	1.515
1936	12	11	10	9	18	1.558
1937	13	12	11	10	19	1.602
1938	14	13	12	11	20	1.648
1939	15	14	13	12	21	1.696
1940	16	15	14	13	22	1.745
1941	17	16	15	14	23	1.796
1942	18	17	16	15	24	1.849
1943	19	18	17	16	25	1.904
1944	20	19	18	17	26	1.961
1945	21	20	19	18	27	2.02
1946	22	21	20	19	28	2.081
1947	23	22	21	20	29	2.144
1948	24	23	22	21	30	2.21
1949	25	24	23	22	31	2.278
1950	26	25	24	23	32	2.348

Figure 810-56. Tables for Computing Lifetime Cost Avoidance.

YEAR OF BIRTH	TABLE A				TABLE B	
	CALENDAR YEAR				INFLATION	
	1994	1995	1996	1997	YEARS	FACTOR
1951	27	26	25	24	33	2.421
1952	28	27	26	25	34	2.497
1953	29	28	27	26	35	2.576
1954	30	29	28	27	36	2.657
1955	31	30	29	28	37	2.742
1956	32	31	30	29	38	2.83
1957	33	32	31	30	39	2.921
1958	34	33	32	31	40	3.015
1959	35	34	33	32	41	3.113
1960	36	35	34	33	42	3.215
1961	37	36	35	34	43	3.32
1962	38	37	36	35	44	3.43
1963	39	38	37	36	45	3.544
1964	40	39	38	37	46	3.662
1965	41	40	39	38	47	3.785
1966	42	41	40	39	48	3.912
1967	43	42	41	40	49	4.044
1968	44	43	42	41	50	4.182
1969	45	44	43	42		
1970	46	45	44	43		

Figure 810-56 Continued. Tables for Computing Lifetime Cost Avoidance.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Federal Employees Injured at Work

TO: Amos B. Jackson, M.D.
Street Address
City, State, Zip Code

Dear Dr Jackson:

Reference is made to your recent medical report for our employee, James A. Smith, concerning his/her application for disability retirement. Mr. Smith also has a documented work-related injury and (may be/is) covered under the Federal Employees' Compensation Act.

On occasion, when a private physician recommends medical or disability retirement, it may not necessarily mean that the employee is totally disabled for all work. We are aware that a great deal of misunderstanding exists (in both the Federal and non-Federal sectors) concerning entitlement to benefits under the Federal Disability Retirement and the Workers' Compensation Programs. To clarify this misunderstanding, the following explanation is offered:

Workers' Compensation Program: If an employee is injured on the job and is unable to perform any duties because of physical limitations resulting from the injury, he/she is entitled to Office of Workers' Compensation Programs (OWCP) payments which are nontaxable and can be up to three-fourths of his/her current salary. The Congress did intend for an employee to receive full compensation payments for all periods of total disability, but only if the employee is disabled for all gainful employment. It, however, did not intend this to be a permanent retirement program because injured workers are usually able to return to some type of productive light or sedentary work. To be entitled to continuing Workers' Compensation, the employee's disability must always be monitored until maximum medical improvement is reached and periodic medical reviews are scheduled to guard against any error. To maintain motivation and work skills, the employee should return to the work place or be placed in a rehabilitation program as soon as possible. When the injured employee is unable to return to his/her former job, the employer can normally make use of the employee's acquired skills or place him/her in a job where he or she can develop new skills. For example, it may be possible to reengineer the employee's current position or offer a different one with physical qualifications compatible to the work limitations

Figure 810-57. Sample Letter to Physician Explaining Difference
Between Disability Retirement and Workers' Compensation.

imposed by the treating physician. If the employer cannot do this, the Office of Workers' Compensation Programs may then place the employee in a rehabilitation or retraining program so that he/she can learn to function in a work situation that is compatible to his/her physical limitations. In either event, the employee is entitled to continuing compensation based on his/her ability to earn wages.

Disability Retirement Benefits: An employee may be eligible for disability retirement benefits when he/she has been covered by the CSRS or FERS retirement system for the specified period of that particular retirement system, (5 years or 18 months) and is unable to perform the full duties of his/her current position. The retirement annuity is based on years of service, is normally less than OWCP benefits, and is taxable. The employee's disability does not have to be work-related.

We would not disagree with a recommendation for disability retirement nor the employee receiving retirement benefits if he/she cannot continue in his/her current position. The compensation law, however, is not designed to entitle an employee to full workers' compensation benefits when he/she can perform some type of work. For this reason, we would appreciate your completing the attached CA-17 concerning Mr. Smith's current work limitations/restrictions. If he can perform any type of work, we will take action to place him on a position in strict accordance with your stated physical restrictions.

We appreciate your cooperation in this matter and look forward to working with you. If you have any questions, please contact the injury compensation specialist, _____ at 522-0001 or our Medical Officer, _____ at 522-0002.

Sincerely,

Encl
CA-17 w/Envelope

MELVIN A. BROWN
Injury Compensation Program
Administrator

Figure 810-57 Continued. Sample Letter to Physician Explaining Difference
Between Disability Retirement and Workers' Compensation.

USE INSTALLATION LETTERHEAD

FROM: AAAA-CC

Date

SUBJECT: Job Offer

TO: Mrs. Jane B. Reed
Street Address
City, State, Zip code

Dear Mrs. Reed:

The current medical information in your compensation file indicates that you can perform certain work assignments. We are offering you the following position:

Job Title:	Engine Records Clerk
Pay Plan/Series/Grade:	GS-303-04-01
Salary:	\$16,900 per annum
Work Schedule:	Monday through Friday, 0800 - 1630
Organization/Location:	Directorate of Maintenance Pearl Harbor Naval Shipyard Pearl Harbor HI 96860-5352
Date Job Available:	2 February 1994

The job will remain available until OWCP has made their determination regarding the job offer. This position is the best position that can be offered at this time and is specifically within the limitations given by the reporting physician.

The following describes the duties and environmental requirements of this position. While sitting in a chair, input engine record data into a remote computer terminal. The terminal is at eye level when the operator is in a sitting position, and no reaching or working above shoulder level is required. You may occasionally (twice daily) carry computer listings (weighing no more than 5 pounds) for short distances, approximately 50 feet. You may be required to walk short distances on an intermittent basis, not to exceed a total of one hour per day. You will be allowed to sit or stand at your convenience, for comfort, and you will be permitted to take frequent walks. A copy of the official position description is also attached for your information.

If you decline this position, and OWCP determines that this is a job that you can do, your benefits under the Federal Employees' Compensation Act will be terminated (except for medical benefits). If you accept this position, the necessary information for determination of loss of wage

Figure 810-58. Sample Letter to Former Employee of Job Offer.

earning capacity, if any, will be provided to the OWCP claims examiner. In considering this action, you need to be fully aware of the effect this will have on your disability retirement.

If you accept this offer of employment, we will notify the Office of Personnel Management (OPM), Office of Retirement Programs, of your reemployment status. If OPM finds you recovered, your entitlement to disability retirement may be terminated. Future retirement benefits would then be determined under applicable law at that time. Your decision as to acceptance or declination of this offer should be made in writing within 15 days of your receipt of this letter. The enclosed Acceptance/Declination Statement and our self-addressed envelope are provided for this purpose.

If you have any questions, contact Melvin A. Brown at 614-522-0001.

Sincerely,

JACK E. JONES
Chief, Employee Relations Division

4 Encl

1. Accept/Decline Stmt
2. Position Description
3. SF 78
4. Envelope

cc: AAAA-DPCS
OWCP

NOTE TO READER: Remember that the functional requirements of the position must be included in the narrative of the letter. These must comply with the employee's physical limitations. In addition, an SF 78 for the offered position may be provided.

Figure 810-58 Continued. Sample Letter to Former Employee of Job Offer.

ACCEPTANCE/DECLINATION STATEMENT

PART A

I voluntarily accept the position of _____.

(Grade), _____ (Pay-annually/hourly)
I make this acceptance voluntarily without pressure or coercion. I request this action be taken effective:

SIGNATURE

DATE

PART B

I decline this offer of placement to the position of _____.

(Grade), _____ (Pay-annually/hourly).
I fully understand the consequence that if I decline the job offer and OWCP determines that this is a job I can perform, that I may be terminated or denied compensation benefits (except for medical benefits) under Section 8106(C) of 5 United States Code.
Reason for Declining:

SIGNATURE

DATE

NOTICE: FAILURE TO RESPOND TO THIS JOB OFFER WILL BE CONSIDERED A DECLINATION.

Figure 810-58. Sample Acceptance/Declination of Job Offer..

USE INSTALLATION LETTERHEAD

FROM: AAAA-CC

Date

SUBJECT: Request for Current Application for Employment

TO: Mrs. Jane B. Reed
Street Address
City, State, Zip Code

Dear Mrs. Reed:

The Office of Management and Budget has directed government agencies to reduce workplace injuries each year. The Department of Defense (DoD) is not only attempting to reduce injuries but has also established a reemployment program. The program provides for restructuring jobs and light or limited duty to return injured former employees to part- or full-time employment if they have made a partial or full recovery.

In the past, many very capable employees were separated following a work-related injury or illness because they could no longer perform the full range of duties of their jobs. However with our new reemployment program, we are modifying and restructuring jobs to enable many of those former employees to return to active employment in positions that meet their physical capabilities.

We anticipate job openings in the near future and plan to consider you for employment. We request that you complete an Application for Employment, and return it by 16 December 1994. We have attached a self-addressed envelope for your use.

If you have any questions, please contact Melvin A. Brown at (614)522-5001.

Sincerely,

1 Encl
Envelope

MARY A. SMITH
Chief, Employee Relations Branch

cc: OWCP

Figure 810-59. Sample Letter Requesting Application for Employment.

SUSPECTED FRAUDULENT FECA CLAIMS/GUIDANCE

The following questions were developed as a checklist for ICPAs, safety specialists, and supervisors to review suspect claims, detect suspicious patterns, and determine the need to take administrative action or refer claims to the appropriate investigative services for criminal investigation.

Information obtained from the questions is intended as a guideline only. Except for questions 14 through 21, a "yes" answer to any one question may not be sufficient to refer a claim to the investigative services, unless there is other information that suggests a problem. More than one "yes" answer may suggest a pattern, and a "yes" answer to questions 14 through 21 should be discussed with investigative personnel. Rationale for the questions is set forth in the discussions below:

SECTION I: ANSWER THE FOLLOWING QUESTIONS FROM INFORMATION OBTAINED.

DATE BEGAN CURRENT EMPLOYMENT: Was injury reported in the first pay period of employment? An injury reported in the first pay period may indicate the claimant did not report a preexisting injury. Examine the Form CA-7, Item 24 for all claimants filing new injury claims. Interview co-workers to find out if the condition existed at the onset of employment.

TOTAL LEAVE BALANCE: Was employee's leave balance very low at time of the injury (for example, five days or less total leave)? Claimants are authorized COP for up to 45 calendar days without loss of leave or break in pay. These payments can act as an incentive for employees to use COP as a substitute for leave. The above factors may indicate that the injury was feigned or its severity exaggerated. Review leave records to identify previous leave problems.

NATURE OF INJURY: Did injury involve soft tissue damage that could be feigned or could have occurred off duty, such as back or muscle strain? Compare claimant and physician descriptions of the injury and examine the Forms CA-1, Item 14, CA-16 and CA-20. Interview supervisors, co-workers, witnesses, and treating physician to develop information indicative of a feigned injury.

DATE INJURY OCCURRED/DATE INJURY REPORTED: Was injury reported on the date it occurred? If not, see discussion in Question 6 below.

SECTION II: THESE QUESTIONS ATTEMPT TO DISCLOSE PROBLEMS IN THE FOLLOWING AREAS.

QUESTION 1: Claims presented by employees who are known to engage in strenuous outside activities may indicate an injury was not job-related. Interview supervisor, co-workers and individuals known to participate with the claimant in outside activities to determine their knowledge of the injury.

QUESTION 2: Employees must establish that injuries were caused or related to their job, or that preexisting injuries or illnesses were accelerated or aggravated because of their employment. If similar medical treatment was received before the job-related injury, the injury (aggravation) may have been feigned or non-job-related. If a prior non-job-related condition is discovered, make inquiries concerning prior treatment with supervisor and co-workers, and obtain information about the injury from the treating physician. Also, examine Forms CA-1, Items 10 and 13, and CA-16, Items 15 and 16. NOTE: It is also important to identify any preexisting injury or illness in that the new injury may only temporarily aggravate the old. Normally, after a short recuperation period, the aggravation will cease and the old condition returns to its normal state. At this time, the original illness or injury (aggravation) is no longer compensable under the FECA.

QUESTION 3: An unjustified change of physicians may indicate the claimant received a "fitness for work" diagnosis from the attending physician and changed physicians to stay on compensation. Check the name of the current physician with the physician indicated on the Form CA-16. Obtain a statement from the attending physician and consider obtaining further medical examinations or specialized tests if no apparent reason exists for the change.

QUESTIONS 4: Question claimant and review claim files and the Official Personnel Folder for evidence of outside employment. All income from such employment including unremunerated employment must be reported to OWCP. It is possible that the injury may have been caused by secondary employment. Also, claimants may conceal outside income or perform outside work with no pay and continue to receive compensation to which they are not entitled. The SF 171 provides information about the claimant's work experience and past employers. Immediately report suspicions regarding undisclosed earnings or work without pay.

QUESTION 5: Claimants could be overstating their degree of disability and abusing the system. They may be performing volunteer work for various organizations such as churches, boy scouts, girl scouts, and coaching sporting events. Evidence to support this could mean that the claimant

is capable of performing some type of suitable work and is not as disabled as the treating physician states. Send such evidence to OWCP and request that the treating physician, or an impartial medical examiner, make a determination of the claimant's medical limitations.

QUESTION 6: Claimants could fraudulently claim a job-related injury immediately following a weekend, holiday, or vacation, for an injury that occurred during an off-duty period. Interview the claimant's supervisor, witnesses, and co-workers to develop information, and review Form CA-1, Items 10, 21, 22 and 32.

QUESTION 7: Review claim files for employees who have transferred or separated and were injured near the end of their employment. Interview supervisors, co-workers, witnesses and, if possible, treating and activity physicians to develop information indicative of a feigned injury or a claim for a preexisting injury or illness. A review of the employee's medical records and OPF may be helpful.

QUESTION 8: Temporary employees are entitled to COP during their appointment and compensation after their termination date. A claim reported at or near the end of the temporary employment period may indicate that the claimant feigned the injury to continue drawing an income. Examine further if a negative answer is indicated in Item 25 of the Form CA-7.

QUESTIONS 9: Claimants may attempt to use COP as a substitute for leave or feign an injury to avoid disciplinary action. Obtain a copy of the SF 71 and statement from the supervisor or person denying the leave request or documentation concerning any proposed disciplinary action taken.

QUESTION 10: Examine Form CA-1, Item 35 to learn the supervisor's reasons for controverting the claim. Although the rationale for controversion may not meet statutory requirements for termination or denial of COP, there may be other factors that have a bearing on the legitimacy of the claim. Once the supervisor provides the rationale for recommending denial, other information may surface.

QUESTION 11: A correlation of dates when COP was taken may indicate that a claimant has seasonal employment or is vacationing during the same period each year. Review the Form CA-1 and historical records. Obtain copies of payroll leave and attendance records and any disciplinary actions. Interview supervisor, co-workers, and witnesses to obtain information on circumstances surrounding the injury.

QUESTIONS 12: Review claim files to identify employees who act as witnesses for each other. Also, review files to identify employees who have submitted numerous claims. Compare Form CA-1, Items 1, 7, 14 and 16 to learn if the same individuals have acted as witnesses. If patterns are revealed, obtain details of the injuries and how they occurred.

QUESTION 13: Many claimants may use the same physician to establish job-related injury claims. Review claim files to detect if the same physician certified job-related injuries for several employees. Refer suspicions of conspiracy and false medical certification to the appropriate investigative services.

QUESTION 14: Instances have been discovered in which compensation was paid for a new or subsequent non-job related injury or illness for which no new documentation was prepared. Medical bills for the new injury may be included with those for the original injury and paid due to lack of scrutiny. Compare Form CA-20 with Form CA-1. If such information is received, interview the attending physician and determine if the claimant was treated for a subsequent injury. Interview supervisors and co-workers about their knowledge of the second injury and its circumstances. Inform the appropriate investigative services and the servicing OWCP office of the allegations.

QUESTION 15: Claimants may have received compensation for a lengthy period without support of medical evidence of disability. Compare the agency case file and the DOL chargeback bills to find out if medical bills are being paid. If not, request OWCP to provide reasons why not, and to provide a current medical report and OWCP-5.

QUESTION 16: Claimants may provide false information on documents when initiating a claim, or alter information provided by supervisors and witnesses, or make written false statements to OWCP. Also, a claimant may have access to physician reports and alter medical information concerning the severity of the injury, the manner in which it occurred, and the effect it will have on future job performance. These forms could also be acquired independently and forwarded to OWCP with false information or forged physician's signature. Attach questionable documents to cases referred for investigation.

QUESTION 17: Compare statements of claimant, supervisor, witnesses, and treating physician; especially if the claimant is not certain of data such as time and date of injury, place injury occurred, or circumstances surrounding the injury.

QUESTION 18: Review statements of witnesses and the claimant's description of how the injury occurred on the Form CA-1. If no witnesses are listed on the Form CA-1, identify and interview individuals who might have witnessed the injury or raised questions concerning the plausibility of the claimant's statement. Discuss the possibility that the claimant may have influenced others to support the claim even though they did not actually witness the incident.

QUESTION 19: Claimants may provide false information on documents when initiating a claim, alter information provided by supervisors and witnesses, or make false statements to OWCP. Also, a claimant may have access to physician reports and alter medical information pertaining to severity of injury, the manner in which it occurred, and the effect it will have on future job performance. These forms could also be acquired independently and forwarded to OWCP with false information or forged physician's signature. Attach questionable documents to cases referred for investigation.

QUESTION 20: Compare statements of claimant, supervisor, witnesses, and treating physician; especially if claimant is not certain of such data as time and date of injury, place injury occurred, or circumstances surrounding the injury.

QUESTION 21: Review statements of witnesses and claimant's description of how the injury occurred on the Form CA-1. If no witnesses are listed on the Form CA-1, identify and interview individuals who might have witnessed the injury or raised questions concerning the plausibility of the claimant's statement. Discuss the possibility that the claimant may have influenced others to support the claim even though they did not actually witness the incident.

STATEMENT OF RECOVERY

CLAIMANT: John J. James

FILE NUMBER: A12-0123456

DATE OF INJURY/DEATH: 6-30-90

EMPLOYING AGENCY: 1111AA

(1) Gross Recovery	\$ <u>955,000</u>
(2) Less Property Damage	<u>0</u>
(3) Balance	<u>955,000</u>
(4) Less Attorney's Fee (Fee is <u>40%</u> of line 3)	<u>(382,000)</u>
(5) Balance	<u>573,000</u>
(6) Less Court Costs (Must be itemized)	<u>24,784</u>
(7) Balance (Adjusted Gross Recovery)	<u>548,216</u>
(8) Less 1/5 (20% of line 7)	<u>(109,643)</u>
(9) Balance	<u>438,573</u>
(10) Less Payment to Public Health Service (or other Federal medical facility)	<u>0</u>
(11) Balance	<u>438,573</u>
(12) Less Medical Expenses Paid by the Claimant	<u>0</u>
(13) Balance	<u>438,573</u>
(14) OWCP Disbursements (including compensation and medical but excluding COP) or line 13 above whichever is less	<u>111,430</u>

Figure 810-61. Sample Statement of Recovery with Instructions.

(15) Less Government Allowance for Attorney's
Fee (retained by claimant)

44,572

(16) Net OWCP Refund

66,858

(17) Surplus (line 13 less line 14)

327,143

INSTRUCTIONS

Distribution must be made in accordance with 5 U.S.C. 8132.

PROPERTY DAMAGE (Line 2) A reasonable amount for clothing or other personal belongings damaged or destroyed in an accident may be deducted. These amounts should be itemized. If an automobile or other vehicle is damaged or destroyed, furnish the year, make and model, and the Blue Book value of the vehicle. A copy of the repair bill will suffice if the vehicle was not totally destroyed.

ATTORNEY'S FEE 9 (Line 4) The attorney's fee in line 4 is deducted from the balance shown in line 3. Also, the attorney's fee as a percentage of line 3 should be shown.

COURT COSTS (line 6) These would consist only of such items as filing fees, witness fees, actual costs of collection, or any payments to physicians for expert testimony as opposed to payment for treatment. (Payment for medical treatment would come under line 12 and/or 14.) All items must be itemized.

20% GUARANTEE (Line 8) The amount is turned over to the claimant and is not subject to any deductions.

PUBLIC HEALTH SERVICE (Line 10) Refund made to a Federal medical facility for treatment would be deductible under line 10. The claim of the Federal medical facility is separate and apart from the claim of the OWCP.

MEDICAL EXPENSE PAID DIRECT (Line 12) This would consist of any medical expenses paid by the claimant other than those paid by the OWCP or by an insurance carrier. It would not include items paid by the claimant and subsequently reimbursed by the OWCP or an insurance carrier. All items submitted for credit and deduction in line 10 must be itemized or accompanied by copies of paid bills. A lump sum amount will not be accepted for credit. The total OWCP disbursement is subject to the refund provisions of the Federal Employees' Compensation Act. However, if the balance remaining in line 14 is less than the actual OWCP disbursement, then the refund provision would apply to the amount shown on line 14.

GOVERNMENT ALLOWANCE FOR ATTORNEY'S FEE (Line 15) The Government contributes a portion of its refund to the claimant as an attorney's fee. This fee is based upon the OWCP's disbursements or other amount as shown in line 14 and is computed by applying the percentage shown in line 4 to line 14 if line 4 is considered reasonable.

TOTAL REFUND (Line 16) This represents the amount to be refunded to the Government for OWCP disbursements.

SURPLUS (Line 17) This surplus, which is retained by the claimant, is the amount against which the OWCP will credit any future compensation payments or additional medical expenses payable on account of the same injury or death.

The refund check for the amount shown in line 16 should be made payable to "U.S. Department of Labor, OWCP." It should be sent to the following address:

U.S. Department of Labor
Appropriate Lockbox Address

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Request for Change of Chargeback Account Number

TO: DoD Servicing Liaison

Dear (DoD Liaison's Name)

Please change the chargeback billing account codes for the following claim(s).

Name	SSN:	Claim Number	From	To
Jones, Janice E.	368-21-5786	A-060100100	3026XR	3076XF
Smith, Arlette A.	285-88-9674	A-060100100	3026XR	3076XF
Black, Jane E.	385-92-0688	A06-0300300	3026XR	3076XF

This request for change has been coordinated with Ms. Jane Green, Injury Compensation Program Administrator for the Defense Contract Management District South (DCMDS), account 3076XF.

If you have any questions, please call me at (100) 222-3333 or Ms Keyes at (200) 333-4444.
Thank you for your assistance in this matter.

Sincerely,

MARVIN B. BROWN
Injury Compensation Program
Administrator

cc: DCMDS (Ms Green)

(NOTE: Coordination with the gaining activity is mandatory.)

Figure 810-62. Sample Letter Requesting Change of Chargeback Numbers.

USE INSTALLATION LETTERHEAD

FROM: AAAA-BB

Date

SUBJECT: Request for Assistance

TO: DoD Servicing Liaison

1. The action designated below is requested for:

(Case Number) _____

(Claimant's Name) _____

(Date of Injury) _____

_____ Provide a copy of the most recent medical report in the case file.

_____ Provide a copy of the CA-1/2 for ownership verification.

_____ Provide current case status; specifically:

2. Your assistance is appreciated. If you have any questions, please call me at (614) 522-0001.

MELVIN A. BROWN
Injury Compensation Program
Administrator

DV1PCB40
 REPORT DATE: 07/22/93 DETAILED CHARGEBACK BILLING LIST FOR PERIOD: JULY 1, 1992-JUNE 30, 1993
 E.S.A. OFFICE OF WORKERS COMPENSATION PROGRAMS
 DEPARTMENT: DEPARTMENT OF DEFENSE
 AGENCY: DEFENSE LOGISTICS AGENCY
 ACCOUNT: DLA ADMINISTRATIVE SUPPORT CENTER, VA.
 ACCOUNT NUMBER: 3026

CASE NO	ID	PD	EMPLOYEE NAME	SOC.SEC.NO.	DATE OF INJURY	ALPHA	NO.	MEDICAL		PAYMENTS		NO.	TOTAL	
								AMOUNT	NO.	AMOUNT	ROLL		AMOUNT	AMOUNT
X	09			02/24/70	XR		5	320.15	14	32,807.64	P	19	33,127.79	
13	13	X		06/05/92	XR		10	585.25				10	585.25	
13	06			02/19/93	XR		108	3,870.00	14	18,251.57	P	122	22,121.57	
25	25			06/24/88	XR		18	1,301.00				16	1,301.00	
25	25			01/28/92	XR		3	132.00				3	132.00	
25	25			01/22/92	XR		27	1,336.00				27	1,336.00	
25	25			06/09/92	XR		13	918.75				13	918.75	
25	25			10/26/92	XR									
25	25			10/08/92	XR									
25	25			10/18/92	XR		4	192.93				4	192.93	
25	25			02/01/93	XR		2	149.00				2	149.00	
25	25			01/26/93	XR									
25	25	X		04/23/93	XR									
25	25	X		03/18/93	XR									
25	25	X		04/19/93	XR									
				---MEDICAL---		---PAYMENTS---		---TOTAL---						
				CASES		AMOUNT		CASES		AMOUNT		CASES		AMOUNT
				28		51,059.21		0		.00		218		59,864.29
TOTAL ACCT: 3026-DLA ADMINISTRATIVE SUPPORT CENTER, VA.				2		8,805.08		0		0		9		6
COST				190		8,805.08		0		0		9		6
NO COST														

Dec 96
DoD 1400.25-M

Figure 810-64. Sample Chargeback Bill.

EXPLANATION OF CHARGEBACK BILLING LIST COLUMNS

1. Case No: Injury claim identification number assigned by OWCP.
2. ID: Initiating District Office. This number will always remain the same. It identifies the OWCP District Office where the claim was originally filed and where the case was "created."
3. PD: Paying District. Identifies the current paying OWCP District Office. Normally, the office where the case file can be located and where correspondence regarding the claim should be sent.
4. Employee Name: Self-Explanatory. An asterisk to the left of the employee's name indicates the first time the case appears on the listing. All cases have asterisks in the first quarter of each billing year.
5. SSN: Where Social Security Number is not available, 1s, 2s, 9s or zeros are printed. Obtain the employee's SSN and notify OWCP.
6. Date of Injury: Self-Explanatory.
7. ALPHA: The two-letter alpha code that represents the employee's servicing COP (or agency reporting office) that sent the claim to OWCP.
8. Payment Columns: Number of payments and total amount of payment. Medical includes payments for medical treatment, prosthetic devices and rehabilitation costs. Compensation Roll indicates the payment roll from which the last payment was made: D = Death; P = Periodic Nonfatal; S = Supplementary (Death, Periodic Nonfatal or Daily Nonfatal). Periodic roll cases are paid every four weeks plus any CPIs granted in a given fiscal year.
9. Account Totals: The number of payments and dollar costs under the medical and compensation categories will add horizontally to the payment and cost totals. The case totals under these columns will not. However, cases shown under the total column represent an unduplicated (actual) case cost.

NOTE:

1. The total case count is broken out by total cost cases and total no cost cases.
2. The total number of fatal cases equals the number of "Ds" listed to the right of compensation roll payments.
3. A minus sign to the right of a payment amount indicates repayment or credit to the account. (Example - Recoupment of an overpayment, third party recovery, etc.)

Figure 810-64 continued. Example of detailed chargeback bill with explanations.

01/02/96

OFFICE OF WORKERS' COMPENSATION
FECA-MONTHLY STATEMENT - DECEMBER 95

TABLE #2, ALL CASES DEPARTMENT BY CASE NUMBER

3001-3099

DEPARTMENT OF DEFENSE, EXCEPT MIL. BRANCHES

INIT CASE DST	NAME OF INJURED	A G E	S E X	SOCIAL SECURITY NUMBER	MO/DA/YR OF INJURY	OCC	NAT OF INJ	TYPE OF INJ	SOURCE OF INJURY	ANA LOC	EXT INJ	DEPT	AL	INJURY ZIP	OSHA SITE
25		30	M		11/21/95	60083	TB	999	9999	BL	L	3006	YH	20301	
25		39	M		11/28/95	Z9999	TC	999	9999	MS	L	3006	YH	20301	
25		53	F		11/22/95	Z9999	TF	999	9999	MS	N	3006	YH	20301	
										UNDEF	FIRST AID	NLT	LT	FATAL	T
										0	0	1	2	0	
										0	0	2	2	0	

Figure 810-65. FECA Monthly Statement with Explanations.

EXPLANATION OF FECA MONTHLY STATEMENT COLUMNS

1. INIT DST (ID). OWCP District Office where the claim was initially filed. This code will always be part of the unique case number.
2. CASE. Injury claim case number of the case. The ID number plus serial number makes the unique case number. Example 03-0501111 or A3-0501111.
3. NAME OF INJURED. Last name of injured employee.
4. First initial of injured employee.
5. AGE. Age of the employee on the date of injury.
6. SEX. Self-explanatory.
7. SOCIAL SECURITY NUMBER. If the SSN column contains 1s, 2s, 9s or zeros, the SSN is not available at OWCP. Obtain the employee's correct SSN and notify OWCP.
8. MO/DA/YR of Injury. Date of Injury (DOI).
9. OCC. The employee's occupation on DOI.
10. NAT OF INJ. Nature of Injury. See Figure 810-67 to determine the extent of injury. Example: T9 = Traumatic Injury Unclassified.
11. TYPE OF INJ and SOURCE OF INJURY. The type code stands for an action and the source code for an object or substance. Together, they form a brief description of how the incident occurred. (See OSHA publication 2014.)
12. ANA LOC. Anatomical Location of Injury. See Figure 810-68 to determine part of body that was injured. Example: SK = Single knee.
13. EXTENT OF INJURY. See Figure 810-69 to determine the extent of injury. Example: X = Nonfatal lost time.
14. DEPT. Code representing the agency that will be billed back for any expenses incurred.
15. AL. Two letter alpha codes designates the employee's servicing civilian personnel office or agency reporting office.

Figure 810-65 continued. FECA Monthly Statement with Explanations.

- 16. UNDEF. Undefined.
- 17. FIRST AID. No lost time or medical expense.
- 18. NLT. No lost time.
- 19. LT. Lost time.
- 20. FA. Fatal.

NOTES:

- 1. Where appropriate, copies of the Table #2 statements should be provided to the activity Safety Office. Each case listed represents a "Case Create" and data contained thereon is needed to determine local injury rates.
- 2. Identification and quick correction of chargeback code errors will prevent erroneous charges from appearing on DOL chargeback bill.

Figure 810-65 continued. FECA Monthly Statement with Explanations.

LIST OF OCCUPATIONAL CODES

01 Aeronautics Engineer	50 Mason
02 Ash and Trash Collector	51 Meat Cutter
03 Blacksmith	52 Meat Inspector
04 Boilermaker	53 Mechanic Repairman
05 Brakeman	54 Mechanical Engineer
06 Heavy Equipment Operator	55 Melter
07 Air Traffic Controller	56 Mess Attendant
08 Carpenter	57 Messenger, Not Post Office
09 Charwoman	58 Mimeograph Operator
10 Chauffeur	59 Molder
11 Checker	60 Munition Handler
12 Chemical Engineer	61 Nurse
13 Chipper and Caulker	62 Office Worker
14 Civil Engineer	63 Oiler
15 Cook	64 Operating Engineer
16 Reader	65 Packer
17 Carrier, Rural Mail	66 Painter
18 Core Maker	67 Patrolman
19 Crane Operator	68 Pattern Maker
20 Crater	69 Pile Driver
21 Doctor; Dentist	70 Pipe Coverer
22 Draftsman; Tracer	71 Pipe Fitter
23 Driver, Mechanic	72 Plasterer
24 Electrical Engineer	73 Plumber
25 Electrician, Lineman	74 Pressman
26 Elevator Operator	75 Printer
27 Engineering Aid or Helper	76 Radio Engineer
28 Firefighter	77 Railroad Worker
29 Fireman	78 Railway Postal Personnel
30 Fleet Workman	79 Rigger
31 Foreman	80 Safety Engineer
32 Forester	81 Sand Blaster
33 Forest Ranger	82 Seaman; Crew Member
34 Forklift, Tub, Tractor Operator	83 Sewer
35 Guard	84 Sheetmetal Worker
36 Inspector	85 Shipfitter
37 Instrument Worker	86 Shipweight
38 Investigator	87 Soil Conservationist
39 Iron Worker	88 Stationary Engineer

Figure 810-66. Occupational Codes.

40 Janitor	89 Stock Clerk
41 Laboratory Worker	90 Storekeeper
42 Laborer	91 EAM Operator
43 Launder Worker	92 Tool Maker
44 Lockman	93 Truck Driver
45 Longshoreman	94 Veterinarian
46 Machinist	95 Warehouseman, Freight Handler
47 Carrier, City Mail	96 Ward Attendant
48 Mail Clerk	97 Welder
49 Mail Handler	98 Teacher
	99 Other Occupation

Figure 810-66 Continued. Occupational Codes.

NATURE OF INJURY CODES
EXPLANATION OF OWCP'S METHOD OF ASSIGNING NATURE OF INJURY CODES

NATURE OF INJURY CODES

(T) Traumatic Injury or Disability (and Incident)*	R Respiratory Disease
TA Amputation	RA Asbestosis
TB Back Strain	RB Bronchitis
TC Contusion, bruise, abrasion	RE Emphysema
TD Dislocation	RP Pneumonconiosis
TF Fracture	RS Silicosis
TH Hernia	R9 Respiratory Disease, unclass.
TK Concussion	V Virological, Ineffective and Parasitic Diseases
TL Laceration; cut	VB Brucellosis
TP Puncture	VC Coccidioidomycosis
TS Strain, multiple	VF Food poisoning
TU Burn, scald, sunburn	VH Hepatitis
TI Traumatic Skin Diseases/ conditions including dermatitis	VM Malaria
TR Traumatic Respiratory disease	VS Staphylococcus
TQ Traumatic Food Poisoning	VT Tuberculosis
TW Traumatic Tuberculosis	V9 Virological/Infective/ Parasitic - unclass.
TX Traumatic Virological/Infective Parasitic Diseases	D Disability, Occupational
T1 Traumatic Cerebral Vascular condition; stroke	DA Arthritis; bursitis
T2 Traumatic Hearing Loss	DB Back strain; back sprain
T3 Traumatic Heart Condition	DC Cerebral vascular condition; Stroke
T4 Traumatic mental disorder; emotional stress; nervous condition	DD Endemic disease (other than P and S, above)
DH Hearing Loss	DE Effect of Environmental
T8 Traumatic Disability; other	DK Heart condition
T9 Traumatic Injury-unclass. (except disease, disability, illness)	DM Mental disorder; emotional stress; nervous condition
S Skin Disease or Condition	DR Radiation
SB Biological	DS Strain, multiple
SC Chemical	DU Ulcer
S9 Dermatitis, unclass.	DV Other vascular conditions
	D9 Disability, unclass.

Figure 810-67. Nature of Injury Codes with Explanation.

* Injury or condition must be caused by a specific incident or event which occurred during a single workday or shift.

The Nature of Injury Codes help OWCP classify reported injuries for computerized statistical analysis and reporting. Also, the ICPA uses Nature of Injury Codes to classify traumatic versus non-traumatic cases in their currently in use internal management information reports. Normally, OWCP assigns the Nature of Injury Code on the basis of information reported on Form CA-1, Block 14 or on Form CA-2, Block 14. Sometimes, however, it is necessary to review other information reported on these, or accompanying forms and documents, to accurately identify and code the nature of the reported injury. This is especially true when dealing with certain categories of injuries, which usually result from a long series of exposures, but which could also result from a single such exposure or episode of exposures (for example, poison ivy, traumatic hearing loss). Most often this distinction can be made on the basis of information contained on Form CA-1, Block 13 or on Form CA-2, Blocks 12 and 13.

Figure 810-67 Continued. Nature of Injury Codes with Explanation.

ANATOMICAL LOCATION OF INJURY CODES

	Code	Value
Arm/wrist	AB	Arm and wrist
	AS	Arm or wrist

Trunk, external musculature	B1	Single breast
	B2	Both breasts
	B3	Single testicle
	B4	Both testicles
	BA	Abdomen
	BC	Chest
	BL	Lower back
	BP	Penis
	BS	Side
	BU	Upper back
	BW	Waist
	BZ	Not otherwise classified

Head, internal	C1	Single ear (internal)
	C2	Both ears (internal)
	C3	Single eye (internal)
	C4	Both eyes (internal)
	CB	Brain
	CC	Cranial bones
	CD	Teeth
	CJ	Jaw
	CL	Throat; larynx
	CM	Mouth
	CN	Nose
	CR	Throat; other
	CT	Tongue
	CZ	Not otherwise classified

Elbow	EB	Both elbows
	ES	Single elbow

Finger	F1	Single first finger
	F2	Both first fingers
	F3	Single second finger
	F4	Both second fingers
	F5	Single third finger

Figure 810-68. Anatomical Codes.

	F6	Both third fingers
	F7	Single fourth finger
	F8	Both fourth fingers

Toe	G1	Single great toe
	G2	Both great toes
	G3	Single other toes
	G4	Multiple other toes

Head, external	H1	Single eye (external)
	H2	Both eyes (external)
	H3	Single ear (external)
	H4	Both ears (external)
	HC	Chin
	HF	Face
	HK	Neck/throat
	HM	Mouth/lips
	HN	Nose
	HS	Scalp

Knee	KB	Both knees
	KS	Single knee

Leg, hip, ankle,	LB	Both legs/hips/ankles/buttocks
buttock	LS	Single leg/hip/ankle/buttock

Hand	MB	Both hands
	MS	Single hand

Foot	PB	Both feet
	PS	Single foot

Trunk, bones	R1	Single clavicle (collar bone)
	R2	Both clavicles (collar bones)
	R3	Single scapula (shoulder blade)
	R4	Both scapula (shoulder blades)
	RB	Rib
	RS	Sternum (breast bone)
	RV	Vertebrae (spine; disc)

Shoulder	RZ	Trunk, bones unclass.
	SB	Both shoulders
	SS	Single shoulder

Figure 810-68 Continued. Anatomical Codes.

Thumb	TB	Both thumbs
	TS	Single thumb

Trunk, internal	VH	Heart organs
	V1	Lung, single
	V2	Lung, both
	V3	Kidney, single
	V4	Kidney, both
	VL	Liver
	VS	Stomach
	VV	Intestines
	VR	Reproductive organs
	VZ	Trunk, internal unclass.

Figure 810-68 Continued. Anatomical Codes.

EXTENT OF INJURY

No Lost Time.....1

Inoculation.....8

Nonfatal Lost Time.....X

Fatal.....0

NOTES:

1. A lost time injury is one in which disability for work extends beyond the date of injury.
2. The Extent of Injury is assigned to traumatic injury cases based on a review of Form CA-1, Blocks 21 (Date of Injury), 23 (Date and Hour Stopped Work) and 26 (Date and Hour Employee Returned to Work). If the employee did not stop work, or stopped work on the date of injury, but returned at the start of the next day's workshift, OWCP would code this No Lost Time. A case should receive a Lost Time code only if the work stoppage extended beyond the date of injury.
3. The ICPA should leave Form CA-1, Block 23 (Date and Hour Stopped Work) blank, unless work stoppage extends or is expected to extend beyond the date of injury.

Figure 810-69. Extent of Injury Codes.

FATAL INDICATOR CODES

- 0 = Deceased, not injury related.
- 1 = Death immediate or simultaneous with injury.
- 2 = Later fatal, subsequent to injury.

Figure 810-70. Fatal Indicator Codes.

REQUEST FOR TRANSFER OF FEHB ENROLLMENT TO OWCP

Employing office name and address: Date of request:
File number:
Employee's name:
Social Security Number:
Effective date of transfer:

The above-named employee is receiving compensation under the Federal Employee's Compensation Act and we are withholding premiums for the employee's Federal Employees Health Benefits (FEHB) Program enrollment from the employee's compensation.

Please forward the employee's health benefits enrollment documents to this Office as specified in the Federal Employees Health Benefits Handbook (formerly the Supplement 890-1 of the Federal Employees Personnel Manual). The documents include the copies of every SF 2809 and SF 2810 in the employee's Official Personnel Folder beginning with the date of his or her initial enrollment in the FEHB Program, together with any related documentation (such as medical documentation for a disabled child over age 22). As of the effective date shown above, OWCP is the employing office for this employee.

If you have sent the employee's OPF to the Federal Records Center, it is your responsibility to recall it so that you can comply with this request.

If you have any questions concerning this request, you may contact:
Name of contact:
Telephone number:

To be completed by employing office

Employing office: Attached documents to this form and return to OWCP. File a copy of the form in the employee's OPF to show the disposition of the FEHB documents.

Name of employing office contact: Telephone number: Date documents sent to OWCP:

Figure 810-71.. Sample Letter from OWCP Requesting
Transfer of Health Benefits.

Transfer of FEHB enrollment to OWCP

OWCP District Office name and
address:

Date of request:
OWCP file number:
Employee's name:
Social Security Number:
Effective date of transfer:

The above-named employee is receiving compensation under the Federal Employee's Compensation Act and OWCP is withholding premiums for the employee's Federal Employees Health Benefits (FEHB) Program enrollment from the employee's compensation.

Attached are the employee's health benefits enrollment documents, which this agency is forwarding to OWCP as specified in the Federal Employees Health Benefits Handbook. The documents include the copies of every SF 2809 and SF 2810 in the employee's Official Personnel Folder beginning with the date of initial enrollment in the FEHB Program, together with any related documentation (such as medical documentation for a disabled child over age 22). As of the effective date shown above, OWCP is the employing office for this employee.

The reason for this action is:

{ } This employee is separating (or has separated on) _____
(date)

{ } This employee will complete 365 days in nonpay status on _____
(date)

If you have any questions concerning this transfer, you may contact:

Name of contact:
Telephone number:

Sincerely,

Melvin A. Brown
Injury Compensation Administrator

Figure 810-72. Sample Letter Forwarding Health Benefits to OWCP.

SUBCHAPTER 830

CIVIL SERVICE RETIREMENT

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SUBCHAPTER 830

CIVIL SERVICE RETIREMENT

- References:**
- (a) The Civil Service Retirement System (CSRS) and Federal Employees' Retirement System (FERS) Handbook for Personnel and Payroll Office (former FPM Supplement 830-1)
 - (b) Title 5, Code of Federal Regulations, Part 831, Subpart I, "Law Enforcement Officers and Firefighters"

A. RETIREMENT PROCESSING

Servicing Civilian Personnel Offices/Human Resource Offices (CPOs/HROs) must establish a method for providing employees a retirement coverage letter or notice similar to the one referenced in CSRS and FERS Handbook for Personnel and Payroll Offices" Chapter 40, Section 40A3.1-2C (reference (a)).

B. TIMELINESS STANDARD

An 80 percent standard for the timely submission of retirement records (including death and refund records) has been in effect for all Federal Agencies since 1988. To be considered timely, a record must be received by the Office of Personnel Management (OPM) within 30 calendar days of the employee's separation. OPM monitors submissions and issues an Aging of Separations Report to reflect Government-wide and Agency compliance with the standard. Responsibility for meeting the standard rests with servicing CPOs/HROs and the civilian payroll community. Data entry in the Defense Civilian Personnel Data System, Defense Business Management System, and the Defense Civilian Pay System provide capability to monitor the movement of records between personnel and payroll.

C. SPECIAL RETIREMENT COVERAGE

1. Position Coverage Determination

- a. The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) must approve coverage determinations for law enforcement officer and firefighter positions that satisfy the requirements in 5 CFR 831.902 (reference (b)). The CPO/HRO must send the request for USD(P&R) approval to Defense Civilian Personnel Management Service (CPMS) through appropriate channels. Approval requests must include evidence used in the determination process and a statement that the budgetary consequence of the position coverage has been considered.
- b. Law enforcement officer and firefighter positions that do not satisfy the requirements established in 5 CFR 831.902 (reference (b)) are disapproved by the head of a DoD Component (or his or her designee). Headquarters retirement counselors may request an advisory opinion from CPMS before processing such disapprovals.

c. CPMS shall report and maintain required information on position coverage determination approvals. Background material on position coverage determinations (approval and disapproval) shall be maintained by the head of a DoD Component (or designee).

2. Requests from Individuals for Past Service Credit

a. The USD(P&R) must approve affirmative determinations that would provide law enforcement officer or firefighter service credit under circumstances outlined in 5 CFR 831.906 (reference (b)). The CPO/HRO must send the request for USD(P&R) approval to CPMS through appropriate channels. Approval request must include information required in 5 CFR 831.906(a) (reference (b)), as well as other evidence used in the determination process.

b. Determinations that do not grant law enforcement officer or firefighter past service credit are issued by the head of a DoD Component (or designee). Headquarters retirement counselors may request an advisory opinion from CPMS before processing such disapprovals.

3. Mandatory Separation

a. Authority to exempt law enforcement officers and firefighters from mandatory separation rests with the head of a DoD Component (or designee). An exemption that requires OPM approval must indicate that USD(P&R) has approved the DoD Component's submission.

b. The employee's servicing CPO/HRO is responsible for notifying a law enforcement officer or firefighter of mandatory separation.

SUBCHAPTER 840

FEDERAL EMPLOYEES' RETIREMENT SYSTEM

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- B. Timeliness Standard
- C. Special Retirement Coverage

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SUBCHAPTER 840

FEDERAL EMPLOYEES' RETIREMENT SYSTEM

- References:**
- (a) The Civil Service Retirement System (CSRS) and Federal Employees' Retirement System (FERS) Handbook for Personnel and Payroll Offices (former FPM Supplement 830-1)
 - (b) Title 5, Code of Federal Regulations, Part 831, Subpart I, "Law Enforcement Officers and Firefighters"

A. RETIREMENT PROCESSING

Servicing Civilian Personnel Offices/Human Resource Offices (CPOs/HROs) must establish a method for providing employees a retirement coverage letter/notice similar to the one referenced in CSRS and FERS Handbook for Personnel and Payroll Offices, Chapter 40, Section 40A3.1-2C (reference (a)).

B. TIMELINESS STANDARD

An 80 percent standard for the timely submission of retirement records (including death and refund records) has been in effect for all Federal Agencies since 1988. To be considered timely, a record must be received by the Office of Personnel Management (OPM) within 30 calendar days of the employee's separation. OPM monitors submissions and issues an Aging of Separations Report to reflect Government-wide and Agency compliance with the standard. Responsibility for meeting the standard rests with servicing CPOs/HROs and the civilian payroll community. Data entry in the Defense Civilian Personnel Data System, Defense Business Management System, and the Defense Civilian Pay System provide capability to monitor the movement of records between personnel and payroll.

C. SPECIAL RETIREMENT COVERAGE

1. Position Coverage Determination

a. The Under Secretary of Defense for Personnel and Readiness (USD(P&R)) must approve coverage determinations for law enforcement officer and firefighter positions that satisfy the requirements in 5 CFR 842.802-803 (reference (b)). The CPO/HRO must send the request for USD(P&R) approval to Defense Civilian Personnel Management Service (CPMS) through appropriate channels. Approval requests must include evidence used in the determination process and a statement that the budgetary consequence of the position coverage has been considered.

b. Law enforcement officer and firefighter positions that do not satisfy the requirements established in 5 CFR 842.802-803 (reference (b)) are disapproved by the Head of a DoD Component (or his or her designee). Headquarters retirement counselors may request an advisory opinion from CPMS before processing such disapprovals.

c. CPMS shall report and maintain required information on position coverage determination approvals. Background material on position coverage determinations (approval and disapproval) shall be maintained by the head of a DoD Component (or designee).

2. Requests from Individuals for Service Credit

a. The USD(P&R) must approve affirmative determinations that would provide law enforcement officer or firefighter service credit under circumstances outlined in 5 CFR 842.804(c) (reference (b)). The CPO/HRO must send the request for USD(P&R) approval to CPMS through appropriate channels. Approval request must include evidence used in the determination process.

b. Determinations that do not grant law enforcement officer or firefighter past service credit are issued by the head of a DoD Component (or designee). Headquarters retirement counselors may request an advisory opinion from CPMS before processing such disapprovals.

3. Mandatory Separation

a. Authority to exempt law enforcement officers and firefighters from mandatory separation rests with the head of a DoD Component (or designee).

b. The employee's servicing CPO/HRO is responsible for notifying a law enforcement officer or firefighter of mandatory separation.

SUBCHAPTER 850

UNEMPLOYMENT COMPENSATION (UC)

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SUBCHAPTER 850

UNEMPLOYMENT COMPENSATION (UC)

- References:**
- (a) Chapter 85 of title 5, United States Code
 - (b) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (c) Title 20, Code of Federal Regulations, Part 609, "Unemployment Compensation for Federal Employees"
 - (d) Department of Labor, "Unemployment Compensation for Federal Employees Instructions for Federal Agencies," March 1995
 - (e) DoD 7000.14-R, "DoD Financial Management Regulation"
 - (f) Civilian Personnel Management Service, "Injury Compensation Unemployment Compensation System User Guide," August 1996
 - (g) 35 Comptroller General 241 (1955)
 - (h) 63 Comptroller General 99 (1983)
 - (i) 65 Comptroller General 865 (1986)

A. PURPOSE

This Subchapter implements DoD policy and procedures, delegates authority, and assigns responsibility on implementing the DoD Unemployment Compensation for Federal Employees' (UCFE) Program under Chapter 85 of 5 U.S.C. (reference (a)), which provides unemployment compensation (UC) benefits to civilian employees of the Federal Government who are separated from their positions through no fault of their own.

B. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (b)) to issue uniform civilian personnel policies, procedures, and guidance for the administration of the DoD UCFE Program.

C. PROGRAM ADMINISTRATION

1. **Statutory and Regulatory Controls.** Chapter 85 of 5 U.S.C. (reference (a)) established a permanent UCFE Program and it gave the authority of interpreting UCFE law to the Secretary of the Department of Labor (DOL). The Secretary of the DOL is responsible for providing regulations to implement the UCFE Program. The Secretary's regulations are in 20 CFR 609 (reference (c)). Those regulations are further clarified in the "UCFE Instructions for Federal Agencies" (reference (d)), which is issued by the DOL, Unemployment Insurance Service.

2. State Administration

a. **Agreements with DOL.** The DOL has entered into agreements with all of the States and jurisdictions including the District of Columbia, Puerto Rico, and the Virgin Islands. The agreements provide for the States to administer the UC Programs and allow the State

Employment Security Agencies (SESAs) to determine and pay UC claims, review appeals and conduct due process hearings based on the applicable State UC law. The applicable State for a Federal employee generally is the State of the employee's last official duty station prior to filing a claim. Exceptions to this are noted in 20 CFR 609.8 (reference (c)). The SESAs are required to provide UC benefits to former Federal employees in the same amount, and under the same terms and conditions as non-Federal employees. However, the State UC laws are not uniform, and therefore, there are considerable variations in eligibility requirements.

b. **Overseas Employment.** The DOL does not have agreements with any other countries concerning the administration of UC benefits. Therefore, to be eligible for UC benefits, individuals employed overseas must return to one of the 53 state jurisdictions to submit a claim. This includes individuals who performed Federal civilian service in Guam and the American Samoa.

3. **Federal Agency Responsibilities.** 20 CFR 609.20 through 609.26 (reference (c)) describes the responsibilities of the Federal Agencies, as they relate to the UCFE Program.

D. RESPONSIBILITIES

1. **Civilian Personnel Management Service (CPMS).** The administration of the DoD UCFE Program is carried out by the Injury and Unemployment Compensation (ICUC) Division of CPMS. The central mission of the ICUC Division is to improve UCFE claims management at the Agency level. That is accomplished by auditing the State itemized listings of UC charges, identifying erroneous charges and requesting credits from the SESAs, and tracking the charges to ensure that credits are received from the appropriate State jurisdictions.

2. **DoD Components.** The DoD Components are responsible for budgeting for quarterly UCFE charges, and for providing payment for the UCFE charges to the Defense Finance and Accounting Service (DFAS), thereby allowing DFAS to reimburse the DOL for the amounts owed in accordance with chapter 3, volume 2, and chapter 25, volume 12, of the DoD Financial Management Regulation (DoD 7000.14-R) (reference (e)). The DoD Components are responsible for local (installation) level administration and management of the UCFE Program.

3. **Civilian Personnel Offices/Human Resource Offices(CPOs/HROs).** The UCFE Program involves access to and utilization of civilian personnel data that is covered under the Privacy Act of 1974. Therefore, the CPOs/HROs are responsible for processing and maintaining the various UCFE claims forms, as described in sections E. and M., below. Those forms include, but are not limited to, the ES-931, "Request for Wage and Separation Information." The CPOs/HROs are responsible for providing additional information as required by sections F. and G., below. Additionally, the CPOs/HROs are responsible for initiating appeals of unwarranted claims, and attending the UC appeals hearings as described in sections H. through K., below. The CPOs/HROs are also responsible for providing base level guidance to staff about the UCFE Program.

4. **DFAS.** DFAS is responsible for facilitating the consolidation of the UC payments from the DoD Components for the quarterly UC charges, and for issuing a consolidated payment to the DOL through the UCFE fund for the total UC charge for each quarter in accordance with chapter 25, volume 12 of the DoD Financial Management Regulation (DoD 7000.14-R) (reference (e)).

E. UCFE CLAIMS FORMS

There are many different UC claims-related forms that are generated by the SESAs. However, this section shall only address the two primary claims forms which are the SF-8, "Notice to Federal Employee About Unemployment Insurance," and the ES-931, "Request for Wage and Separation Information." The additional UCFE claims-related forms shall be discussed in section M., below.

1. SF-8, "Notice to Federal Employee about Unemployment Insurance"

a. **Description and Purpose.** The SF-8, figure 850-1, must be issued by personnel specialists to employees when separated. The SF-8 informs employees of their right to file a claim for UC benefits; explains the basic eligibility requirements of the UC Program; provides general information about how, where, and when to file an UC claim; and, describes the information the employee shall need to file a claim for UC benefits. The SF-8 provides a space for the personnel specialist to indicate the Federal Identification Code (FIC) that informs the SESA which DoD Component should be charged for the UC benefits. The SF-8 also provides a space for the personnel specialist to insert the address where the UC claims forms should be sent, and a name and telephone number of a contact person that can provide separation information to the SESA, if requested.

b. **Requirements.** The requirements for issuing the SF-8 are in 20 CFR 609.20 (reference (c)) and the "UCFE Instructions for Federal Agencies," chapter V., section 1. (reference (d)). Federal Agencies are required to furnish information to their employees as to their rights and responsibilities under the UCFE Program. To satisfy that requirement, personnel specialists must issue an SF-8 to any employee who is separated; who is or who shall be placed in nonpay status for 7 or more consecutive days; or, who is transferred from one payroll office to another. This requirement pertains only to those employees who are physically transferred from one payroll office to another. It does not pertain to situations where only the employee's records are transferred to another payroll office.

(1) The SF-8 should be issued by the personnel specialist whether or not the separation or nonduty status is voluntary or involuntary in nature. The SF-8 should be issued by the personnel specialist before or at the time of separation. The issuance of the SF-8 should not be delayed until the SF-50, "Notice of Personnel Action," is issued. Those requirements pertain to employees who are stationed overseas as civilian employees and to nonappropriated fund activity employees whether they perform work in or outside the United States.

(2) Additionally, the personnel specialist must ensure that the purpose of the SF-8 is explained to employees before separation, preferably during outprocessing. It is important that

the personnel specialist stress to the employees the need to bring the SF-8 with them to the local unemployment office when they file a claim for UC benefits. If the employees do not bring the SF-8 with them when they file a claim for UC benefits, their initial UC payment may be delayed.

(3) Personnel specialists should issue an SF-8 to intermittent employees and employees who work "on call" the first time in each calendar year that they are placed in nonpay status. Personnel specialists should issue an SF-8 to part-time and temporary employees on the last day of work when the appointment expires, or when the first instance of nonpay status occurs.

(4) Personnel specialists are required to provide each newly hired or rehired employee with a statement informing the employee it is his or her responsibility to notify the local unemployment office to discontinue paying UC benefits when the individual has returned to work. That statement is included on the SF-8.

c. **Completion.** The SF-8 should be completed by the UC program administrator in the CPO/HRO.

(1) **FIC.** The program administrator must provide the three-digit FIC in the space indicated on the SF-8. It is important that the program administrator provide the FIC for the most recent activity for whom the employee worked (the owning Agency), and not the FIC of the servicing personnel office, unless they are the same. The FIC for the Department of the Army is 422; the FIC for the Department of the Navy is 423; and, the FIC for the Department of the Air Force is 424. The FIC for the Department of Defense is 421, excluding employees who work for the Army, the Navy, and the Air Force. Those FIC numbers apply to civilian employees of appropriated fund activities only. The FICs for non-appropriated fund activities (NAFA) are 425 for Department of the Army (NAFA); 427 for Department of the Air Force (NAFA); 429 for the Army & Air Force Exchange Service; 807 for the Navy Exchange Service; 808 for the Navy Club & Recreation System; and 809 for the U.S. Marine Corps Morale, Welfare & Recreation.

(2) **Address Block.** Two pieces of information are required in that block. First, the program administrator should indicate the complete name of the owning Agency. Then the program administrator should indicate the name and mailing address of the servicing personnel office (the CPO/HRO). It is important for the program administrator to annotate which is the "owning Agency" and which is the "servicing personnel office" since the UC claim should be charged by the SESA to the owning Agency. Additionally, the program administrator should not use any acronyms in the name or address. Instead, all words should be spelled out. The SESA shall send the UC claim forms to the address specified to be processed.

(3) **Contact Person.** The program administrator should indicate the name and phone number of a contact person in the appropriate block. The contact person should be able to provide additional information about the employee's separation, if requested by the SESA. The complete commercial phone number including the area code, must be provided rather than the Defense Switched Network (DSN) number. If the phone number is for an international number,

the program administrator should indicate so on the SF-8. All of the codes necessary for the international number should be provided by the program administrator.

(4) **Base Closures.** If a base has or shall be closed, the DoD Component must determine which CPO/HRO shall be responsible for processing the UC claims related forms. Therefore, the program administrator must indicate the address for the designated CPO/HRO in the address block of the SF-8. Additionally, the designated CPO/HRO must have access to pay and separation information.

2. Form ES-931, "Request for Wage and Separation Information"

a. **Description and Purpose.** The ES-931, figure 850-2, is sent by the SESA to the Federal Agency to request wage and separation information for a former Federal employee. The ES-931 is generated by the SESA when a former Federal employee establishes an initial claim for UCFE benefits.

(1) The ES-931 is used to obtain wage information for specific quarters. Most of the SESAs request 6 quarters worth of wages. Four of the quarters comprise the base period. The base period wages are used by the SESA to determine the UC benefit amount for an individual. Most of the SESAs (47 out of 53) use a base period that is composed of the first 4 of the last 5 completed calendar quarters. For example, for a UC claim that is filed in January 1997, the most recent completed calendar quarter would be the quarter ending December 31, 1996. The 4 quarters before that would be the quarters ending December 31, 1995, March 31, 1996, June 30, 1996, and September 30, 1996. Therefore, for that example, the base period would be from October 1, 1995, through September 30, 1996. The lag quarter wages, which are the 2 quarters following the base period, would be the quarters ending December 31, 1996, and March 31, 1997. The SESAs keep the lag quarters of wages on file in case a subsequent UC claim is filed.

(2) Once the ES-931 is completed and returned by the program administrator, the SESA shall determine the claimant's weekly UC benefit amount and maximum UC benefit amount. Each of the SESAs has a different formula that is used to determine the weekly benefit amount. Many of the SESAs stipulate that an individual must have a minimum amount of wages during one or more of the quarters of the base period to meet the minimum wage eligibility requirement. The amount of wages in the base period also determines the number of weeks the claimant shall be eligible to receive UC benefits (known as the duration). The maximum number of weeks for most of the SESAs is 26 weeks. The maximum benefit amount is the weekly benefit amount times the duration. For example, a weekly benefit amount of \$230 times a duration of 26 weeks is equal to a maximum UC benefit amount of \$5,980.

(a) **Local Office, Claim, and Identifying Information.** The ES-931 generally consists of the local office information, claim information, and three main sections. However, the SESAs are not required to have a uniform format so the formats vary from State-to-State. The local office information generally contains the name or location number of the local office, and the name and telephone number of a local office contact person. The claim information

generally consists of the date the new claim was filed (which is also the effective date of the claim) and the date the claim was requested.

(b) **Section I.** Section I. of the ES-931 consists of identification data such as the employee's name, social security number, date of birth, position title, and the place of employment. That section indicates if the employee was a full or part-time employee, whether the Federal Agency address is based on the SF-8, and whether or not the employee received a SF-8.

(c) **Section II.** Section II. of the ES-931 is the Federal Agency reply that requests information such as whether the employee performed "Federal Civilian Service," the duty station of the employee, the quarterly wages earned by the employee, and the duty hours. That section includes information about terminal annual leave payments, severance payments, and separation information including the last date worked, the last day of active pay, and the reason for separation. That section also includes the name, title, and phone number of the Agency representative who completed the ES-931.

(d) **Section III.** Section III. of the ES-931 is completed by the SESA and contains the FIC number for the Agency and the address to which the ES-931 is sent. In most instances that information is obtained by the SESA from the information on the SF-8. However, not all of the SESAs require that an individual submit a SF-8 when an UC claim is filed.

b. **Requirements.** The requirements about the form ES-931 are in 20 CFR 609.21-22, and the "UCFE Instructions for Federal Agencies," chapter VI., sections 1-3 (references (c) and (d)).

(1) The UC program administrator is required to return any requests for Federal findings received from a SESA in 4 workdays of receipt. That applies to the form ES-931 as well as to most other UC claims-related forms sent by the SESAs. Two signed copies of the ES-931 should be returned to the SESA. If the 4-day time limit cannot be met, the SESA should be notified of the delay and the date that form shall be returned.

(2) Additionally, the program administrator is required to maintain a control log of all the UC forms received by the SESAs including the ES-931. The log should include the date the forms are received, the date the forms are returned to the SESA, and the forms that have not been returned in the 4-day period. A copy of the completed ES-931, as well as any other correspondence or forms from the SESA, should be retained for a period of 1 year from the date that form was certified. If an error is discovered within 1 year of the date an ES-931 was sent, action should be taken to correct the error by sending an amended ES-931 to the SESA.

c. **Completion.** The program administrator should complete section II. of the ES-931. The program administrator can complete the ES-931 either manually or by using the ICUC automated support system. The ICUC system consists of a centralized database of key personnel and payroll data. The UC module of the system allows activities to obtain information about quarterly wages, lump-sum annual leave payment, severance pay, and separation information for

a particular individual. The UC module also contains a screen that allows the user to print an automated response to the ES-931. The directions for creating and printing a response to the ES-931 are specified in the "ICUC System User Guide," sections 4.3 through 4.3.3 (reference (f)). If the wages or separation information are not available in the ICUC system, then the program administrator must obtain and enter the information manually before printing and returning the automated ES-931 response. When possible, the automated system should be used to respond to the ES-931. The ICUC system should be helpful in ensuring that the ES-931 response is completed in the 4-day time limit. Additionally, if an ES-931 is created on the ICUC system, an electronic log of the date the ES-931 was received and the date it was returned shall be maintained. That shall eliminate the need for a manual log to be maintained.

(1) **Section II., Part 1.** The program administrator should verify the social security number and employee name. If either item is incorrect, the program administrator should provide the correct information. The first response the Federal Agency must provide is in section II. Section II., part 1., question (a), of the ES-931. This question asks "Did this person perform Federal civilian service for your Agency at any time during or after the base period?" The definition of Federal Service is indicated in the "UCFE Instructions for Federal Agencies," chapter III., section 1. (a) (reference (d)). If the program administrator answers "no" to that question, then an explanation must be given. The explanation must provide information as to why the employment is not considered Federal civilian service. For example, if the individual cannot be verified as an employee, or if the individual performed work as a contractor, not as an employee.

(a) The SESA shall review the information provided by the Federal Agency to determine if the employment was considered Federal civilian service for UC purposes. Therefore, the response must be as detailed as possible. If possible, the following information should also be provided by the program administrator in the response:

- 1 The legal authority the individual was hired under.
- 2 The funding source used to pay the salary.
- 3 Whether payroll deductions were made for Federal and State taxes.
- 4 Whether or not the employee was eligible for annual or sick leave, health or life insurance, and civil service or other Federal retirement.

(b) The duty station should also be indicated (only the State or country is needed). That should correspond to the duty station specified on the SF-50.

(2) **Section II., Part 2.** Section II., part 2., of the ES-931 requests the base period and lag quarters Federal wages.

(a) **Federal wages.** "Federal wages" is defined as "all remuneration for Federal service including cash allowances and remuneration in any medium other than cash."

(1) The latter term "remuneration in any medium other than cash" refers to that which the Agency places a cash value on that which is furnished to the worker in reporting his or her gross wages for Federal income tax purposes.

(2) "Remuneration" includes all payments for sick and annual leave. It includes lump-sum payments for terminal annual leave which are reported separately on the ES-931.

(b) **DOL Interpretations of Federal Wages.** DOL has made the following interpretations of "Federal Wages."

(1) Cost of living differentials such as those paid at various foreign posts, and cash allowance for quarters and subsistence are "Federal wages." Exemption of such a differential or allowance from Federal income tax does not exclude it from "Federal wages" required to be reported for purposes of the UCFE Program.

(2) Back-pay awards constitute wages in the period for which they are paid. Consequently, the payroll specialist must allocate the amount of the reward to the calendar quarter or weeks for which it was paid, rather than report it as a lump-sum when paid.

(3) Federal Agencies employing civil service annuitants pay remuneration in an amount equal to the difference between the salary rate of the position and the amount of annuity received. The Office of Personnel Management (OPM) continues to pay the annuity. Only the amount paid by the Federal Agency is "Federal wages." The annuity paid by OPM is not "Federal wages" for UCFE purposes.

(c) **Remuneration which are not "Federal Wages."** Reimbursed expenditures for official business such as taxi fares, other transportation costs, per diem in lieu of subsistence, and mileage are not "Federal wages" for UCFE purposes.

(d) **Reporting Federal Wages**

(1) According to the "UCFE Instructions for Federal Agencies," chapter VI., section 3. (c) (reference (d)), Federal Agencies must report the wages paid during the period requested by the SESA. The payroll specialist should NOT adjust the wages to include the total wages earned in the quarter but not paid for the days remaining between the payroll cutoff date and the ending date of the calendar quarter or period. Section II., part 2. of the ES-931 also requests the duty hours by workday and workweek, and in some cases, the hourly rate of pay.

(2) The retroactive portion of the increase in rate of compensation provided by Congress is to be allocated by the payroll specialist to the pay period in which it is paid. If the requesting State's base period begins or ends during the pay period in which that payment was made, the entire payment should be allocated by the payroll specialist to the second week of the pay period.

(3) **Section II., Part 3**

(a) **Terminal Annual Leave Payments.** In section II., part 3. (a) of the ES-931 the terminal annual leave payments should be indicated including the amount of the payment, the number of days and number of hours paid, and the period the terminal annual leave covers.

(b) **Reason for Separation.** In section II., part 3. (b) to (e), the date of separation, last date of active pay, and reason for separation information should be indicated.

(1) It is important that the information supplied by the program administrator to the SESA concerning the reason for separation or nonpay status be clearly stated in sufficient detail to permit the SESA to make an accurate determination of benefit entitlement. The information needed by the SESAs of the reason for termination or nonpay status can be found on the SF-50, or equivalent document in the section "Nature of Action and Remarks."

(2) If the employee was not separated but instead was placed in a nonduty, nonpay status subject to recall to work, the program administrator should record the specific reason for such status such as "Laid off, lack of work," along with the date the layoff occurred. If available, the program administrator should include the date the employee is expected to return to work.

(c) **Severance Pay.** Any severance payments should be indicated by the program administrator in section II., part 3. (e). That should include the weekly amount of the payment, the total entitlement, the number of weeks paid, and the beginning and ending dates of the payment. It is important for the program administrator to provide the severance and terminal annual leave information since some of the SESAs deduct these payments from UC benefits.

(4) **Certification.** The program administrator who completes the ES-931 must sign and date that form. By signing that form the program administrator is certifying that the information is correct and complete. The certifying official must also include his or her title and telephone number in case the SESA representative needs additional information.

F. OTHER REQUESTS FOR INFORMATION

The SESAs may submit other requests for information, as necessary. That request may be made on a SESA form or by letter. The following sections provide examples of the different types of requests for information that may be received from the SESAs. Those requests shall vary significantly from State to State, and therefore, the directions on the request should be followed.

1. **Partial Unemployment.** Generally the SESAs provide for the payment of partial UC benefits for employees who are working less than full-time and earning wages less than a specified amount. In those cases, the SESA shall request verification of the number of hours worked and the wages earned by the employee in particular weeks.

2. **Requalification for UC Benefits after a Disqualification.** In some situations, employees are disqualified for a specific number of weeks or until a certain amount of wages has been earned. The SESAs may then request information about the number of weeks worked and the amount of wages earned to determine if the employee has satisfied the requalification requirement.

3. **Benefit Payment Control (BPC)**

a. **Description and Purpose.** SESAs may request employment and wage information during a specific period as a way to audit the UC charges. The audit is conducted under the BPC Program to ensure that UC benefits were properly paid. Additionally, the SESAs may request verification of wages if there is reason to believe the employee was claiming UC benefits while employed. If an employee is found to have deliberately falsified wage information to obtain UC benefits, he or she can be held ineligible to receive further benefits. The request shall be submitted on a form similar to the "Request for Employees Earnings Information," figure 850-3. That form is not standardized and shall be different from State-to-State. That form should be reviewed carefully and completed as accurately as possible.

b. **Completion.** The "Request for Employee Earnings Information," figure 850-3, requests whether the employee performed work during particular week(s). That form should be completed by the UC program administrator. If the employee performed work, the program administrator must indicate the work dates on that form as well as the gross wages earned during the week(s) specified. Additionally, the program administrator should indicate any other payments that were made during the week, such as vacation or retirement pay. That form may also request verification of employment information such as the first and last date worked, and the reason for separation. The program administrator who completes that form must sign and date the form and return it to the SESA, in accordance with the instructions on the form.

4. **Quality Control Program.** Besides the BPC Program, the SESAs also conduct random samples of UC payments. The random samples are conducted under the Quality Control (QC) Program of the SESA. The sampling procedures are designed to produce samples that represent all of the UC claims paid by the SESA. Each of the samples represent 1 paid week of UC benefits. That week is known as the "key week."

a. **Description and Purpose.** The "QC Verification of Base-Year Employment," figure 850-4, verifies whether the wages used to establish monetary eligibility for a particular UC claim were accurately reported by the Federal Agency, and were accurately recorded by the SESA. The QC audit also verifies if the employment information was reported accurately.

b. **Completion.** The QC form consists of three main sections, however, the format of that form shall vary from State-to-State. The first section is completed by the SESA and contains identifying information for the employee including the employee's name and social security number. That section also includes the name and address of the Federal Agency. The second and third sections of that form should be completed by the program administrator. The second

section requests employment information for the individual. The third section requests payroll information for the base period. The program administrator should provide the gross wages for each quarter specified. The program administrator who completes that form must sign and date that form. By signing that form, the program administrator is certifying that information is true and correct to the best of his or her knowledge.

5. **Additional Wages to Qualify for a Second Benefit Year.** A SESA may request wage information to determine if an employee has performed subsequent employment and earned wages before a consecutive benefit year can be established. The purpose of that is to ensure that individuals do not qualify for successive UC claims based on the same period of employment.

G. REQUIRED NOTICES FOR FEDERAL AGENCIES

1. **Security Cases.** According to the "UCFE Instructions for Federal Agencies," chapter VI., section 8. (a). (reference (d)), the UC program administrator should notify the applicable SESA of any employee who has filed a claim for UC benefits and was separated as a result of a recommendation by the OPM due to a security violation or an unsatisfactory background investigation. The program administrator should also provide a copy of the separation letter to the SESA.

2. Back-Pay Awards

a. **Federal Agency Responsibility.** According to reference (d), when a back-pay award is made, the program administrator should verify whether the individual has filed a claim for UC benefits in the last 52 weeks. If the program administrator determines the individual has filed an UC claim, the applicable SESA must be notified of the individual's name, social security number, amount of the back-pay award, and the period covered by the award. If an ES-931 claim form is received for an individual who has previously received a back-pay award, the program administrator should include the amount of the back-pay award with the wages that are reported to the SESA on the ES-931.

b. **SESA Determinations.** Once the SESA is informed of a back-pay award, the SESA shall review the claim and determine what affect, if any, the back-pay award shall have on the base period wages. If part or all of the back-pay award falls in the base period of the UC claim, the SESA may request a corrected report of wages including the back-pay award. The SESA shall then reissue a determination indicating the amount of UC benefits the employee is eligible to receive. The SESA shall also determine if the back-pay award covered any period for which the employee claimed or was paid UC benefits. If the SESA determines the back-pay award did cover such a period, then the employee may have been overpaid UC benefits. The overpayment shall be handled by the SESA, in accordance with its UC law.

(1) Back-pay awards are handled by the SESAs in two different ways. In the first situation the SESA may require the employee to repay the UC benefits received during the period of unjustified removal. Therefore, the amount of UC benefits paid during the period covered by the back-pay award should not be deducted by the employing unit from the back-pay

award according to 35 C. G. 241 (1955) and reaffirmed by 63 C. G. 99 (1983) (references (g) and (h)). Instead, the SESA shall set up the overpayment on the employee's UC claim. The SESA shall then require the employee to pay the overpayment back. Once the overpayment amount is recovered from the employee, the SESA shall credit the Federal Agency's Federal Employee's Compensation (FEC) account. It may take several quarters before the credit is completely received by the Federal Agency since it shall depend on when the employee repays the amount.

(2) The second situation requires the employer (including Federal Agencies) to reimburse the State for overpaid UC benefits. In that case, the payroll specialist should deduct the amount paid in UC benefits from the back-pay award according to 65 C. G. 865 (1986) (reference (i)). The program administrator is still responsible for providing the SESA with the information on the amount and period of the back-pay award. The SESA shall then provide the Federal Agency with information on the amount and timeperiod the UC benefits were paid to the employee. Once the payroll technician recovers the overpaid amount, the recovered amount should be sent through DFAS to the FEC account of the Department of the Treasury (DOT) to obtain a credit from the SESA. The credit shall be reflected in the Agency's FEC account in a future quarter. The "State Unemployment Insurance Law Requirements Concerning Back-Pay Awards," figure 850-5, contains a chart showing how each State handles overpayments due to back-pay awards under its law. The program administrator should consult that chart before any action is taken on a back-pay award.

3. **Terminal Leave Payments to Employees Terminating Nonpay Status.** The UC program administrator must determine if an employee who is in nonpay status or who is employed less than full-time, such as an intermittent employee, and who terminates his or her employment and is paid terminal annual leave, has filed a claim for UC benefits. If so, the program administrator should take action to notify the applicable SESA of the employee's name, social security number, the amount of the terminal leave paid, the date on which the payment was made, the number of days and hours that were paid, and the hourly rate of pay used in computing the payments. Once that is received, the SESA may request the Federal Agency to correct the wages on the ES-931.

4. **Refusal of Employment Offer**

a. **Offer or Referral of Work.** If an employee who has filed a claim for UC benefits refuses an offer or referral of suitable work, the program administrator must notify the applicable SESA. The refusal must pertain to a specific offer for a specific position that was "successfully conveyed" to the employee. That notice of refusal must include the employee's name, social security number, and specific information about the offer of work. If possible, the program administrator should provide the SESA with a written copy of the offer and the refusal. The notice should include the job duties of the position, the hourly salary, the hours of work, and the reason the employee gave for refusing the work. The program administrator should also provide information to the SESA about the type of job, salary, and duty hours for the position the employee previously held. If an employee refuses an offer or referral of work, but has not filed a claim for UC benefits, then the program administrator should retain the refusal information and return it with the ES-931 if the employee files a claim for UC benefits.

b. **Suitable Work.** The SESA will determine whether the work offered or referred was suitable. To determine whether a job was suitable for the employee, the SESA compares the working standards of the job to State and Federal standards, and to the prevailing standards for the job in the local labor market. The SESA also reviews the experience and training of the employee. The SESA shall not find a job suitable if the wages, hours, or other conditions of employment are substantially less favorable than the prevailing conditions in the local labor market. The job shall also be found not suitable if the position offered was vacant due to a strike, lockout, or other labor dispute, or if, as a condition of employment, the individual must resign from or join a union, or refrain from joining a union or other recognized labor organization.

c. **Good Cause for Refusing.** If the SESA determines the job offer or referral was suitable, the SESA must then determine if the individual had good cause to refuse the work. The SESA shall take into consideration the reason the individual refused the offer, such as problems with the wages, hours, or location of the job. The SESA shall also consider the employee's length of unemployment and the availability of other work in the labor market.

5. **Final Settlement of an Appealed Personnel Action.** When the final decision has been received on the appeal of a personnel action, the program administrator should send a copy to the appropriate SESA only if the decision changes the separation information reported by the agency on the ES-931 or the ES-931A.

6. **Information on Claims Filed Under the "Federal Employees' Compensation Act."** Some of the SESAs disqualify individuals from receiving UC benefits if they are also receiving worker's compensation benefits. Other SESAs deduct the amount of the worker's compensation payment from the UC benefit amount. Therefore, the SESA should be notified if an employee has filed a claim for UC benefits besides filing a claim for worker's compensation benefits (also known as injury compensation). That information should be provided by the program administrator in the "Reason for Separation" section of the ES-931 or the ES-931A. If the ES-931 or ES-931A has already been returned to the SESA, the program administrator should send a separate notice to the SESA. The ICUC system shall provide a message if an UC claim is created for an employee who has previously filed a worker's compensation claim.

H. NOTICES AND DETERMINATIONS

Once the SESA gathers the wage and separation information for an employee, the SESA shall issue determinations concerning individual eligibility for UC benefits. The following sections describe the types of notices and determinations that may be received from the SESAs. The notices and determinations of the appeals process will be discussed in detail in section I., below.

1. **Notice of Financial Determination.** "The Notice of Financial Determination," figures 850-6-1 and 850-6-2, are also known as "monetary determinations." The purpose of the notice is to inform the employee and the employer of the amount the employee shall be eligible to receive in UC benefits. Generally, the weekly benefit amount and the maximum benefit amount are

included on the form. The maximum benefit amount is the weekly benefit amount times the duration (the number of weeks the employee is eligible for UC benefits). In some cases, the wages reported by the employer shall be included on the monetary determination. The program administrator should compare the wages with the wages reported on the ES-931 to ensure that they match. The program administrator may appeal the monetary determination to the first-level appeal authority of the State if the Agency disagrees with the wages on the determination. Procedures for filing an appeal are included on the notice.

2. **Notice of Benefit Charges.** Some of the SESAs send a "Notice of Benefit Charges," figure 850-7, which indicates the amount of wages paid by each employer in the base period. The title of the form and the format shall vary from State-to-State. That form shows the proportion of the total wages that each employer shall be charged based on the amount of wages attributed to that employer. Since Federal Agencies are required to reimburse the FEC account for the proportionate share of the total wages, the program administrator should notify the SESA if there are any other known sources of wages that are not reflected on the notice of benefit charges.

3. **Notice of Nonmonetary Determination.** A nonmonetary determination is issued by the SESA when a decision is made about any aspect of the employee's eligibility for benefits (other than monetary considerations).

a. **Reason for Separation.** Figures 850-8-1 and 850-8-2 provide examples of nonmonetary determinations based on the reason for separation. In most cases a determination shall be issued only if the reason for separation was other than a lack of work. However, some of the SESAs do issue a determination if an employee was separated due to a lack of work. The determination shall provide the reason the employee was separated; whether the reason results in a disqualification or a qualification for UC benefits; the section of the UC State law that pertains to the issue; and, the terms of the disqualification, if any. Depending on the reason for separation and the particular State UC law, an individual may be held ineligible for UC benefits for a specified number of weeks, or an individual may be disqualified until subsequent work has been performed for a specified period of time, or until a specified amount of wages have been earned. The program administrator should carefully review all nonmonetary determinations received. If the Agency disagrees with a determination, the program administrator should file an appeal. The determination shall indicate how, where, and when an appeal can be filed.

b. **Availability for Work.** The SESA may issue a determination that the individual is not able to accept work, is not available for work, or is not seeking work. That determination should only be appealed if the program administrator has conflicting information on the employee's availability for work. An example of that would be if the program administrator is aware that the individual is attending school or is temporarily unable to work due to illness.

c. **Refusal of Suitable Work.** A SESA may issue a determination if it is found an individual refused an offer of suitable work or referral to work. The determination shall provide information about the job offer that was refused. The determination shall indicate whether any penalty has been imposed, and if so, the specifics of the penalty. In some cases, the employee

shall be held ineligible for the period of time the job was to last; in other cases an employee may be held ineligible until subsequent employment is performed for a specified timeperiod.

d. **Receipt of Wages, Pension, or Other Payment.** Figures 850-9-1 and 850-9-2 provide examples of nonmonetary determinations that are issued when an individual is found ineligible to receive UC benefits for a particular timeperiod due to receipt of wages, pension, severance, or vacation pay.

I. FIRST LEVEL APPEALS AND HEARINGS

This section shall describe the notices and determinations associated with the appeals process. This section shall explain how first level hearings are conducted and the steps necessary to adequately prepare for and participate in the appeals process. It is important to remember that the applicable State law shall govern appeals and hearings. Only general procedures common to all jurisdictions are presented herein to serve as a guide. Specific rules may vary by State, therefore, the applicable rules for the particular State must be followed.

1. Appeals from Determinations

a. **Interested Party Status.** Generally, any "interested party" to a determination (monetary or nonmonetary) can file an appeal of a determination if the party disagrees with the decision or if the decision does not accurately reflect the facts. The interested parties to a determination are usually the employee and the last employer for whom the employee worked. However, it is important to note that either party can lose their "interested party" status if they fail to return notices or UC claims forms in the time specified by the SESA. Therefore, it is important for the program administrator to review all forms and notices that are received and to respond in the required timeperiod to maintain an interested party status for the Agency. Failure to do so may result in waiving the Agency's appeal rights.

b. **Filing an Appeal.** Once a determination is received, the program administrator must review it to decide if an appeal is warranted. If a decision is made to appeal the determination, the program administrator should follow the instructions provided on the determination to initiate the appeal. In most cases the appeal does not have to be filed in person. Instead, the appeal can generally be filed by mail. It is advisable for the program administrator to confer with the servicing legal counselor or legal counsel when considering any appeal.

(1) **Time Limits for Filing an Appeal.** The requirements for the timely filing of an appeal must be carefully reviewed because they vary from State-to-State. In some jurisdictions the SESAs require an appeal to be received by a certain date, in others the appeal must be postmarked by a certain date. If there is any question, the SESA appeals office should be contacted to verify the time limits for filing an appeal. If there is not enough time to mail the appeal, the SESA should be contacted to see if the appeal can be sent by fax or other electronic means.

(2) **Late Appeals.** If an appeal is not filed timely, the hearing official shall determine if the party had good cause for submitting the appeal late. The SESAs shall not consider being "too busy" with other work as good cause for an untimely appeal. However, if the Agency received the determination too late to file a timely appeal due to an error by the SESA, such as sending the determination to the wrong address, that information should be included in the request for an appeal. The SESA may consider that as good cause if the State had previously been advised of the correct address for the Agency, as indicated on the SF-8 or on the response to the ES-931. If an appeal is determined to have been filed late without good cause, the hearing official may dismiss the appeal, in which case, no testimony or evidence shall be accepted on the reason for separation.

2. **Notice of Appeal.** Some SESAs require a specific form to be used to file an appeal. Other SESAs accept an appeal letter that specifically indicates an appeal is requested. Whichever format is used, the program administrator should include the employee's name and social security number on the appeal, along with a copy of the determination being appealed. The appeal request must include a contact person's name and telephone number and verify the correct address to which the "Notice of Hearing" should be sent.

3. **Acknowledgment of an Appeal.** The SESA may send a "Notice of Receipt of Appeal," figure 850-10, on receipt of a request for an appeal from the employee or the employer. The "Notice of Receipt of Appeal" shall be sent to both the employee and the employer. The "Notice of Receipt of Appeal" shall generally indicate which party filed the appeal, and the date the appeal was filed. That notice shall inform both parties that an appeal hearing shall be scheduled and another notice shall be sent advising both parties of the date time, and location of the hearing.

4. **Notice of Hearing**

a. **Hearing Location.** Once the SESA schedules an appeal hearing, a "Notice of Hearing," figure 850-11, shall indicate the date, time, location of the hearing, and whether the hearing will be conducted by telephone or in-person. The program administrator should read the hearing notice carefully to ensure all directions are followed. The hearing notice shall provide information on how to participate in the hearing. If the hearing is scheduled by telephone, the program administrator may have to call the appeals office before a certain time or date to provide the names and telephone numbers of the witnesses who shall attend the hearing. The "Notice of Hearing" shall specify the procedures for presenting witnesses' testimony and any documentary evidence to be considered by the hearings official.

b. **Requesting a Postponement.** The "Notice of Hearing" shall indicate how to request a postponement of the hearing. A postponement should be requested if the individual with first-hand knowledge of the situation is not able to attend the hearing. A postponement shall not automatically be granted. If a postponement is necessary, the program administrator should request a postponement to the appeals office as soon as possible. Until a postponement is granted, it should be assumed the hearing shall be held as scheduled and the program administrator should continue to prepare for the hearing.

5. Preparation for a First-Level Appeal Hearing

a. **Beginning Preparation.** The program administrator should not wait until the "Notice of Hearing" is received to begin preparing for an appeal hearing. In some cases the "Notice of Hearing" may not be received until a few days before the hearing is scheduled. That may not allow enough time for the witnesses to be contacted or for preparation of the documents to be submitted as exhibits. Preparation for an appeal hearing should begin when a decision is made to file an appeal by the Agency or when the "Notice of Appeal" is received indicating the employee has filed an appeal.

b. **Determining Witnesses for the Hearing.** The Agency witnesses that attend a UC appeal hearing should have first-hand knowledge of the events surrounding the situation that is under appeal. For example, if the issue under appeal involves wages such as how much an employee was paid and when, the individual with first-hand knowledge would probably be the payroll or time and attendance representative. In situations involving a resignation, the first-line supervisor or the servicing personnel specialist would generally have the most knowledge of the reasons given by the employee for resigning. In situations involving a discharge, the first-line supervisor, and if different, the proposing official, will usually be needed to prove misconduct. The second-line supervisor and the deciding official may also be needed to provide testimony if they had first-hand knowledge of the events that resulted in the discharge. Only testimony based on first-hand knowledge should be presented. The hearing official may not accept evidence that is considered hearsay.

c. **Preparation of the Witnesses.** Once witnesses are identified, the program administrator must ensure the witnesses shall be available to attend the hearing. If any witness is not available to attend the hearing, the program administrator should take action to request a postponement, as described in paragraph I. above.

(1) **Designating an "Employer Representative."** Many of the SESAs allow both the employer and the employee to have a representative at the appeal hearing. The program administrator should verify that with the particular SESA before the hearing. The program administrator should also verify whether or not the representative must be an attorney. Most of the SESAs do not require a representative to be an attorney, however some SESAs do. If a representative is allowed, a person who is familiar with the issue under appeal must be designated as the "employer representative." The program administrator should notify the SESA before the hearing of the name, title, and phone number of the employer representative, and of the other witnesses. Even if an attorney representative is not required, the UC program administrator should contact the appropriate legal office of the installation for advice and assistance at all stages of this process.

(2) **Duties of the Representative.** It is advantageous to designate an "employer representative" for the appeal hearing since that individual shall have the opportunity to direct the testimony of the employer's witnesses, to cross-examine the employee and the employee's witnesses, and to offer documents as exhibits during the appeal hearing. The representative is

generally also allowed to be present during the entire hearing process while other witnesses may be sequestered and, therefore, may not hear the other witnesses' testimony. If an employer representative is not designated, the appeals officer will generally assist both parties in posing questions to the opposing party. In some jurisdictions, if the employer representative has first-hand knowledge of the situation under appeal, the employer representative can also serve as a witness and present testimony. In some cases, that individual may be the employer representative besides being the only witness. Therefore, that person shall provide all the testimony for the employer and cross-examine the employee.

(3) **Initial Preparation.** The employer representative for the appeal hearing should meet with the other employer witnesses before the hearing. During the meeting, the representative and witnesses should determine what testimony shall be provided during the hearing and who shall provide what testimony. Additionally, it should also be determined which documents shall be offered as exhibits during the hearing.

d. **Preparation of Exhibits.** The issue under appeal shall determine which documents should be offered as exhibits. For example, for an appeal of wages reflected on the monetary determination, payroll records for the period in question should be offered as exhibits. The employer representative should ensure that all witnesses who will testify about information contained in a document have ample opportunity to review the document before the hearing. Examples of various situations and the documents typically required to establish proof follow:

(1) **Voluntary Resignation Situations.** In voluntary resignation situations, the resignation SF-52, "Request for Personnel Action," should be entered by the employer representative as an exhibit during the appeal hearing, as well as any resignation letter submitted by the employee. In those cases, the SF-52 is better than the SF-50, since the employee should have signed and annotated the SF-52 with a reason for resigning. In voluntary resignation situations most SESAs presume the resignation was voluntary and place the burden of proof on the employee to show otherwise. However, some SESAs such as the District of Columbia, do not presume a resignation to be voluntary, and the employer must prove it was. One way to do that is for the employer representative to submit the SF-52 as an exhibit. Additionally, if the employee resigned because he or she was not satisfied with the conditions of employment, documents such as the position description or vacancy announcement that indicate the conditions of employment should be submitted by the employer representative as evidence.

(2) **Voluntary Separation Incentive Payment (VSIP) Separation.** Employees who resign or retire to accept a VSIP are considered by the CPMS, ICUC Division, to have left voluntarily. Some of the SESAs have granted UC benefits to employees who separated for that reason. CPMS, ICUC Division, recommends that the UC program administrator file a timely appeal against decisions qualifying employees who separated to accept a VSIP. The VSIP notice indicating the voluntary nature of the program, as well as the application for the VSIP signed by the employee, should be submitted as exhibits for the appeal hearing by the employer representative. Additionally, any documents that demonstrate that there would have been continuing employment available to the employee if he or she had not voluntarily separated, should also be submitted as evidence by the employer representative. That should include

information about retention rights during a reduction in force (RIF). Those documents are necessary since the Agency must prove that the employee voluntarily separated, and that continuing work would have been available to the employee. Some of the SESAs weigh the potential earnings (including severance pay in case of a RIF) against the VSIP payment to determine if the employee had good cause to resign. In those cases, information that shows how much the employee would have earned if he or she had not separated, but continued to work should be offered as evidence by the employer representative. That information is necessary because some of the SESAs weigh the potential earnings (including severance pay in case of a RIF) against the VSIP payment to determine if the employee had good cause to quit.

(3) **Discharge Situations.** In discharge situations, the burden of proof is on the employer to show by a preponderance of the evidence that the employee was discharged for misconduct connected with the work. Therefore, any documents that support a finding of misconduct should be offered as evidence by the employer representative. That should include the notice of proposed removal, the decision of removal, and other documents from the adverse action file that support the removal including verbal or written warnings, letters of reprimand, and a proposal and notice of suspension, if applicable.

(a) **Absent Without Official Leave (AWOL).** Additionally, for employees who are discharged due to being AWOL, any records such as time sheets, payroll records, or sign-in sheets should be submitted as evidence by the employer representative. Any documentation that provides information about the office policy on attendance should also be submitted. That could include the standards of conduct, employee handbook, or copies of memorandum from the supervisor specifying office policy.

(b) **Falsification.** In situations involving a falsification of records, the documents or reports that were falsified should be entered as exhibits by the employer representative. For example, for an employee who was discharged due to falsification of a SF-171, "Application for Federal Employment," a copy of the SF-171 should be submitted by the employer representative as evidence for the hearing. Additionally, any documents that notified the employee he or she could be discharged for falsifying applications or reports, should be submitted as evidence by the employer representative. That could include a table of offenses and penalties or standards of conduct.

(c) **Unsatisfactory Performance.** If an employee is discharged due to unsatisfactory performance, he or she usually will be eligible for UC benefits. The SESAs shall not disqualify an individual from UC benefits based on this reason for separation unless it can be proved that the unsatisfactory performance was due to misconduct.

e. **Submission of Exhibits.** The employer witnesses and the employer representative should each have a copy of the exhibits and they should be familiar with the contents of the exhibits and the order in which the documents shall be entered as evidence into the appeal hearing.

(1) **In-Person Hearings.** The employer representative must bring at least two extra copies of the documents to the hearing. One copy should be given by the employer representative to the hearing official. The other copy should be given by the employer representative to the employee or his or her representative. Neither of those copies shall be returned.

(2) **Telephonic Hearings.** For telephonic hearings, the employer representative should send the documents to the hearing official when the appeal is filed, or if the claimant appealed, when the "Notice of Appeal" is received. The documents must be received by the hearing official before the date of the hearing. The employer representative must also send a copy of the documents to the employee before the hearing date. The hearing official can refuse to accept documents if a copy has not previously been provided to the opposing party.

5. **General Hearing Procedures.** The first-level appeal hearing is an informal hearing, however, certain procedures are followed. The hearing official informs both parties of the procedures that shall be followed during the hearing. The hearing official is responsible for conducting the hearing and issuing a determination based on the testimony and evidence presented during the appeal hearing.

a. **Initial Procedures.** Generally the hearing official begins the hearing by calling both parties into the hearing room. If there are several witnesses, the hearing official may bring only the representative and the main witness for both parties into the hearing room to begin the hearing. The other witnesses shall be called into the hearing room only when it is their turn to provide testimony. Once both parties are present, the hearing official shall explain the procedures of the hearing. The way the hearing is conducted shall vary slightly depending on the hearing official. However, major procedures are consistent in all SESAs. For example, the hearing shall be tape recorded and any person who provides testimony shall be placed under oath. The hearing official shall also determine which party shall provide their testimony first. In most cases the party that has the burden of proof gives their evidence first. Therefore, in a voluntary resignation situation the employee would give his or her testimony first. In a discharge situation the employer's testimony would be provided first. However, some hearing officials may direct the appealing party to provide testimony first. The hearing official shall generally set up a conference call before a telephonic hearing. It is imperative that the employer representative provide the phone numbers for the witnesses to the appeals office before the start of the hearing. Some of the SESAs require the phone numbers to be provided the day before the hearing so the employer representative must read the hearing notice carefully. If there is more than one witness, the hearing official may keep the other witnesses on hold until it is time for them to present their testimony.

(1) If an "employer representative" has been designated, he or she will be responsible for answering questions from the hearing official about the procedures of the hearing. The other witnesses should not speak during the hearing except as directed to provide testimony, to answer questions directed to them by the hearing official, or to respond to questions under cross-examination by the opposing party.

(2) Once the witnesses have been placed under oath, the hearing official shall ask both parties questions about the issue under appeal. The hearing official cannot take testimony on an issue unless the issue has been identified and agreed to by both parties before the beginning of the hearing. For example, if an employee resigned but then indicated during the hearing he resigned instead of being discharged, the hearing official may decide the separation should actually be considered a discharge rather than a voluntary resignation so that issue shall be included for the hearing if both parties agree. If the parties do not agree, the hearing shall have to be rescheduled and the new issue identified on the "Notice of Hearing." To prevent that from happening, most of the SESAs now identify both voluntary resignation and discharge as possible issues on the initial "Notice of Hearing."

(3) The hearing official must also verify personnel data from both of the parties. That generally includes the employee's title, rate of pay, date started work (date of accession), the last date the employee performed work, the date of separation, and whether the employee performed full-time or part-time work. The first witness for the employer is usually asked to provide that information. The employer representative, if designated, should inform the first witness that they shall need to have that information readily accessible during the hearing.

(4) The procedure that is generally followed for the testimony is the hearing official begins by asking the witness questions on the issue under appeal. Then if an "employer representative" has been designated, the representative may ask the witness additional questions. The hearing official shall issue a decision on the issue based on the weight of the evidence. Anytime verbal testimony can be corroborated by written documentation that should be done. For example, if the witness is explaining the reason an employee was discharged, the witness should also refer to the proposal and decision to remove. Those documents should not be read word-for-word into the record, instead they should be used to strengthen the verbal testimony. Once the representative is finished asking the witness questions, the opposing party shall have the opportunity to cross-examine the witness. After cross-examination, the hearing official may have additional questions for the witness. If necessary, the representative shall also have an opportunity to ask rebuttal questions. That procedure is followed for each of the witnesses providing testimony for both parties. However, the hearing official may ask additional questions of either party at anytime during the hearing. "Sample Questions for Appeal Hearings," figure 850-12, provides examples of the types of questions that should be asked during appeals hearings.

b. **Closing Procedures.** Once the testimony and cross-examination are completed, the hearing official shall ask if there are any closing statements. The employer representative or main witness can provide a closing argument for the employer. The closing argument should be a summary of the main points of the employer's case, and should indicate why the employer believes the individual should be disqualified from receiving UC benefits. New testimony may not be presented during the closing argument, nor may the representative comment about evidence that has not been presented at the hearing. Once the closing arguments are completed, the hearing official shall dismiss the hearing. The hearing official shall not provide a decision immediately after the hearing; instead, both parties shall receive a written decision through the mail.

6. Hearing Official's Decision

a. **Description and Purpose.** The "Hearing Official's Decision," figure 850-13, contains the first-level hearing official's findings of fact, reasoning, and decision about a determination that was appealed either by the employee or the employer. The findings of fact generally provides a summary of the main points made by both parties during the appeal hearing. The reasoning explains why the hearing official came to a certain conclusion based on the particular State's UC law. The decision shall indicate whether the employee is qualified or disqualified from receiving UC benefits. The decision shall also indicate if there are any provisions to the disqualification such as if the employee shall be held ineligible from receiving UC benefits for a certain number of weeks or until the employee performs work and earns a specified amount of money. The name of that notice shall differ from State to State. The following are examples of different names of that form: "Hearing Examiner's Decision," "Decision of Administrative Law Judge," "Decision of Administrative Hearing Officer," "Referee's Decision," and "Appeals Examiner's Decision."

b. **Identifying Information.** The notice shall provide identifying information such as the employee's name, social security number, and in some cases, the appeal docket number. The notice shall also identify the issue(s) that were under appeal and the applicable section of the State UC law that pertains to the item(s) under appeal. In most cases the notice shall indicate which party filed the appeal, the date the appeal was filed, and the date the hearing was held.

c. **Additional Appeal Rights.** The appeal decision shall specify the additional appeal rights available to both parties. If the Federal Agency disagrees with the first-level hearing official's decision, the program administrator should read the notice carefully to determine the additional appeals rights. Most of the SESAs have two levels of administrative hearings, a first-level appeal and a second-level appeal, though some SESAs have only one level.

J. SECOND-LEVEL APPEALS

1. If the decision is made to file an appeal to the second level, the program administrator must follow the appeal procedures to ensure that the appeal shall be filed timely and all requirements shall be met. In most cases, a letter can be sent to the second-level appeals office requesting an appeal. A second-level appeal is also known as a "commission appeal" or an "appeal to the Board of Review." Generally, an additional hearing shall not be scheduled for a second-level appeal. A second hearing shall only be scheduled if a request for an additional hearing is approved based on discovery of additional evidence that was not available at the first-level hearing. The appeals Board shall not schedule another hearing to accept evidence that could have been presented at the first-level hearing through due diligence. If an additional hearing is not scheduled, the appeals Board may allow written or verbal argument to be accepted. The written or verbal argument cannot provide any new testimony or evidence. Instead, it can only argue testimony and evidence submitted at the first-level appeal hearing. If a second-level hearing is scheduled, the hearing is usually held in person at the central office of the SESA.

2. The second-level appeal usually consists of a review of the testimony and evidence presented at the first-level appeal hearing by a panel of three special examiners. The panel shall also review the oral or written argument, if presented, and the additional testimony or evidence, if accepted. Once the panel reviews all the information, the panel shall issue a new decision indicating the applicable statute of the UC law, and its findings and conclusions. The first-level decision can be upheld, reversed, or modified. The "Second-Level Appeals Decision," figure 850-14 is an example of that decision.

K. JUDICIAL REVIEW

If the Agency disagrees with the second-level decision (or the first level in those States that have only one administrative hearing) an appeal can be filed with the appropriate State court for judicial review. The time limit for filing an appeal ranges from 10 days to 6 months, therefore the appeal instructions on the second-level decision must be reviewed carefully to ensure that the appeal is filed timely. Additionally, the second-level decision shall also indicate to what court the appeal should be filed. That could be the Circuit Court, District Court, Superior Court or other court depending on the particular State. The Agency must be represented by a Justice Department attorney in any court proceeding.

L. BILLING OF UC CHARGES

1. **SESAs Responsibilities.** SESAs are responsible for paying UC benefits to former Federal employees. The DOL either advances or reimburses the SESAs for the UCFE benefits. The SESAs compile a list of total UCFE payments attributable to each Federal Agency and forward that list to the DOL. That quarterly statement of charges is known as the "Employment and Training Administration (ETA) 191 Report." The information sent by the SESAs on the ETA 191 reflects the total charge for each Federal Agency. It does not include specific information such as the names, social security numbers, and amount of charges for each individual. The SESAs, upon request of the Federal Agency, send a list of the specific charge information known as the "detailed benefit of charges" or "State detail." Figure 850-15, "Quarterly Details of UCFE Charges," provides examples of the State details. The quarterly detail of charges includes the name, social security number, and charge for each individual who was paid UCFE benefits attributable to that FIC.

2. **DOL Responsibilities.** Once the charges are received from the SESAs, the DOL compiles all of the charges from each of the SESAs and sends each Federal Agency a bill by State. That bill is known as the "Statement of Expenditures of Federal Funds for Reimbursable Unemployment Compensation Benefits Paid to UCFE Claimants," figure 850-16. That "bill" is sent to each Federal Agency approximately 2 months after the end of a quarter. The DOL also certifies to the DOT on a quarterly basis the amounts due from each Federal Agency.

3. Federal Agency Responsibilities

a. **DoD Component Budget Offices.** Federal Agencies have 30 days from the date the bill is sent by the DOL to submit a payment for the UCFE charges. The budget offices of the DoD Components are responsible for advising DFAS to issue the payment to the FEC account of the DOT. The DoD Component budget offices must pay the total amount of charges indicated on the quarterly bill from the DOL. If an error is found in the amount charged, the program administrator must bring this to the attention of the CPMS, ICUC Division, who shall then notify the SESA of the discrepancy. Additionally, the DoD Components are responsible for paying all bills each quarter. In some cases, adjustments are made and an initial, supplemental, and final bill may be received for a particular quarter.

b. **CPMS, ICUC Division.** The CPMS, ICUC Division, is responsible for auditing the UC charges. As a result, the CPMS, ICUC Division has requested the SESAs to submit the quarterly details of UCFE charges for the DoD, the Army, the Navy, and the Air Force directly to the CPMS, ICUC Division. As the details are received, the CPMS, ICUC staff inputs the charges from the details into the benefits collection screens of the ICUC system. While the charges are being input, the CPMS, ICUC staff ensures that the correct DoD Component has been charged by the SESA. If a DoD Component has been charged incorrectly, the CPMS, ICUC Division notifies the SESA to charge the correct DoD Component and to credit the DoD Component that was incorrectly charged. Additionally, the CPMS, ICUC Division takes action to obtain credits from the SESAs for erroneous charges such as for individuals who cannot be identified as "former DoD employees."

c. **DFAS.** DFAS is responsible for obtaining the quarterly UC charge payments from the DoD Components and issuing a consolidated payment to the DOL. The payment is made to the UCFE Trust Fund, which is administered by the DOT. The DOT then notifies the DOL of the amount that was paid by each Federal Agency.

M. ADDITIONAL UCFE CLAIMS FORMS

1. Form ES-931A, "Request for Separation Information for Additional UCFE Claim"

a. **Description and Purpose.** Form ES-931A, figure 850-17, is sent by the SESA to request separation or nonpay status information for an individual who has previously established an UC claim for benefits. UC claims are generally valid for 1 year. Therefore, anytime an individual performs subsequent employment and reopens his or her UCFE claim during the benefit year, a form ES-931A is sent rather than a form ES-931. The ES-931A consists of local office, claim information, and three main sections.

(1) **Local Office and Claim Information.** The ES-931A contains the local office number, a contact person name and telephone number, the date the additional claim was filed, the date the initial claim was filed, and the date the ES-931A was requested.

(2) **Section I.** Section I. of the ES-931A contains the identification data such as the employee's name, social security number, date of birth, position title, place of employment,

separation date, whether the address used by the SESA is based on a SF-8, and whether the employee was a full-time or part-time employee.

(3) **Section II.** Section II. requests information on whether the individual performed Federal civilian service, whether terminal annual leave or a severance payment was or shall be issued, and the separation or nonpay status information. That section also includes a certification section and the address and FIC code for the Federal Agency.

(4) **Section III.** Section III. of the ES-931A provides the Federal Agency name, address, and FIC account number to which the SESA sent the ES-931A.

b. **Requirements.** The ES-931A follows the same requirements specified for the ES-931 in paragraph E.2.b., above. Those requirements include returning two signed copies of the ES-931A in 4 workdays of receipt, and retaining a copy of the completed ES-931A for a period of 1 year.

c. **Completion.** The UC program administrator should complete section II. of the ES-931A.

(1) **Section II., Part 1.** The format of section II., part 1. of the ES-931A is similar to section II., part 1. of the ES-931. Question 1(a) of section II., part 1. of the ES-931A asks whether the individual performed Federal civilian service. If the program administrator answers "yes" to the question, nothing further is required for that part. If the program administrator answers "no," then an explanation must be provided. The explanation for that question should follow the guidelines specified for the ES-931 in paragraph E.2.c., above.

(2) **Section II., Part 2.** The next item asks the Federal Agency to verify that the identification information including the name and social security number for the employee are correct. If the information is not correct, the program administrator should provide the correct information in section II., part 2. of the ES-931A.

(3) **Section II., Part 3.** Section II., part 3., of the ES-931A does not ask for wage information as the ES-931 does. Wage information is not needed for the ES-931A since an UC claim has previously been established. Instead, part 3. requests information about whether a terminal annual leave payment was paid, the date of the payment, the days of leave paid, the amount of the payment, the number of hours of leave, and the beginning and ending dates of the annual leave.

(a) Part 3. also requests separation information including the date of separation, the last date of active pay, and the reason for separation. Additionally, severance pay information is requested including the total amount of severance payable, the weekly entitlement, the number of weeks paid, and the beginning and ending dates of the severance payment.

(b) The Agency representative who completes the ES-931A must sign and date the form, and provide his or her title and telephone number. By signing the ES-931A, the

Agency representative is certifying that the information is correct and complete to the best of his or her knowledge.

2. Form ES-933, "Request for Information Regarding Claims Filed Under the Federal Employees' Compensation Act"

a. **Description and Purpose.** The ES-933, figure 850-18, is sent by the SESA to the Office of Workers' Compensation Programs (OWCP) of the Employment Standards Administration of the DOL. That form is sent to request information from OWCP about whether an individual who has filed a claim for UC benefits, has also filed a claim for worker's compensation benefits.

b. **Completion.** The ES-933 is to be completed by OWCP and not the Federal Agencies. If that form is received in error, the program administrator should forward it to the OWCP district office.

3. Form ES-934, "Request for Information or Reconsideration of Federal Findings - UCFE"

a. **Description and Purpose.** The ES-934, figure 850-19, is sent by the SESA to request additional information from the Federal Agency. The ES-934 is sent when the information provided by the Federal Agency on the ES-931 or ES-931A is inadequate. That form may also be sent at the request of the employee to obtain additional information from the Federal Agency or to request a reconsideration of the Federal findings. The ES-934 consists of three main sections.

(1) **Section I.** Section I. of the ES-934 is completed by the SESA and consists of identification data including the employee's name, social security number, date of birth, position title, place of employment, the Federal Agency name and address, FIC number, the original request date of the ES-931 or ES-931A, and whether the employee worked full-time or part-time.

(2) **Section II.** Section II. of the ES-934 is also completed by the SESA representative and contains the information to be verified, the supporting documents submitted by the employee, if any, and the signature of the SESA representative.

(3) **Section III.** Section III. of the ES-934 consists of the Federal Agency's reply to the request for information and the certification of the individual completing that form.

b. **Requirements.** The ES-934 requires the same reporting and retention requirements as the ES-931 as specified in paragraph E.2.b., above. The ES-934 should be returned within 4 workdays of receipt, since the SESA cannot issue a determination on the UC claim until the discrepancy in the findings is resolved.

c. **Completion.** The program administrator should complete section III. of the ES-934. That response shall depend on the information that is specified by the SESA. The SESA may

request the Federal Agency to reconsider the initial findings. An example of that would be if the employee disagrees with the wages reported on the ES-931 and submits documentation indicating the wages reported were incorrect. In that case the program administrator should verify the wages reported on the ES-931 and report the correct wages on the ES-934.

(1) In some cases, the SESA may ask the Federal Agency to provide additional information. An example of that would be if the reason for separation on the ES-931 indicated only "termination." Additional information would be needed by the SESA to determine whether the termination was due to unsatisfactory performance or misconduct.

(2) The program administrator who completes the form must sign and date the form, and indicate his or her name, title, and the date the form was completed.

4. Form ES-935, "Claimant's Affidavit of Federal Civilian Service, Wages, and Reason for Separation"

a. **Description and Purpose.** The ES-935, figure 850-20, is completed during the initial UC claims process. That form is completed by the employee and is an affidavit of Federal civilian service, wages, and the reason for separation. Generally, the ES-935 is submitted by the SESA with the ES-931 for an initial claim or the ES-931A for an additional claim. In some cases, the SESA shall combine the information on the ES-935 with a printout of the ES-931 and, therefore, the ES-935 shall not be received as a separate form. If the ES-935 is received on a separate form, it should contain the local office, claim, identifying information and two other sections.

(1) **Local Office, Claim, and Identifying Information.** The ES-935 indicates the local office number; contact person name and telephone number; and the employee's name, social security number, and date of birth. The claim information section also indicates whether the claim is an initial claim or an additional claim, the effective date of the claim, and the dates of employment.

(2) **Section I.** Section I. of the ES-935 provides the base period wages as estimated by the employee, and the documentary evidence (such as a W-2 form or earnings and leave statement) provided by the employee. The second part of that section indicates the employee's estimation of any severance payments.

(3) **Section II.** In that section the employee indicates the reason he or she was separated from the position. The employee also certifies that the information provided on the ES-935 is true and correct.

b. **Requirements.** According to the "UCFE Instructions for Federal Agencies," chapter VI., section 6. (reference (d)), if the completed ES-931 is not received by the SESA in 12 days after the ES-931 was sent to the Federal Agency, the SESA shall use the information on the

ES-935 to issue any monetary or nonmonetary decisions. That means that the UC claim shall be established without input from the Federal Agency. That reiterates the need for the program administrator to return the ES-931 in the prescribed timeperiod.

c. **Completion.** Federal Agencies are not required to complete any information on the ES-935. Instead, the program administrator should compare the ES-935 with the information provided on the completed ES-931 Form. If the information on the two forms is different, the program administrator should send a rebuttal to the SESA. If the ES-931 has not been sent, sending it shall take the place of a rebuttal.

5. Form ES-936, "Request for Verification of UCFE Wage and Separation Information Furnished on Form ES-931"

a. **Description and Purpose.** The ES-936, figure 850-21, is sent by the SESA to verify that the ES-931 forms are being completed accurately. The ES-936 also provides the Federal Agency with an opportunity to request technical assistance about the UCFE Program. The ES-936 is sent by the SESAs to satisfy a request from the DOL that the SESAs periodically verify the accuracy of information furnished by Federal Agencies on the ES-931. The ES-936 is composed of two main sections besides the local office and claim information.

(1) **Local Office and Claim Information.** The local office information contains the SESA representative name, phone number, and the local office name, and number. That part also indicates the date the new claim was effective and the date the ES-931 was requested.

(2) **Section I.** Section I. of the ES-936 contains the identification data that includes the employee's name, social security number, birth date, position title, place of employment, the separation date provided by the employee, the Federal Agency address, and FIC number.

(3) **Section II.** Section II. of the ES-936 consists of questions about the ES-931 and the Federal Agency's reply including the certification information.

b. **Requirements.** The ES-936 requires the same response and retention controls as the ES-931, i.e. to return the completed form in 4 workdays of receipt and to maintain a copy of the completed form for 1 year from the date of certification. Additionally, since that form is meant to verify the information furnished on the ES-931, the individual who completes that form should NOT be the same individual who completed and certified the ES-931.

c. **Completion.** The UC program administrator should complete section II. of the ES-936. To complete the ES-936, the program administrator must retrieve the Agency copy of the ES-931. Then the program administrator must obtain current payroll and separation

information. Most of the questions on the ES-936 are "yes" or "no" questions and are self-explanatory.

(1) **Section II**

(a) Question 1.(a) of section II. asks whether or not the Agency has payroll records for this individual. If the program administrator answers "no" then an explanation must be given. Question 1.(b) requests wages to be provided for a period specified by the SESA. The program administrator should obtain the wages from the current payroll records rather than copy the wages from the ES-931. This ensures that the wages previously reported on the ES-931 are still accurate. In some cases adjustments may have been made to the wages since the ES-931 was submitted.

(b) Question 2. asks if the Agency has a copy of the ES-931. If the ES-931 cannot be located the program administrator must indicate why on ES-936. The program administrator should not create a new ES-931 on the ICUC system. Question 3. asks if the Agency has a file to maintain the completed ES-931 forms. The answer should be "yes" since the ES-931 forms should be maintained for a period of at least 1 year. Question 4. asks if the State (or country) indicated on the ES-931 is the same as the "Duty Station" shown on the SF-50.

(c) Question 5. asks if severance pay or lump sum payment for terminal annual leave was reported separately on the ES-931 and not included as base period wages. If the program administrator answers "no" then an explanation should be given. As indicated in paragraph E.2.c., above, the program administrator should not include severance pay and terminal annual leave payment in the base period wages. Question 6. asks if the reason for separation reported on the ES-931 was at least as complete as the information indicated in the SF-50, "Nature of Action" and "Remarks," sections. If the answer to that question is "no," then the program administrator should indicate the source used to complete the ES-931. Question 7. requests the date the ES-931 was completed and certified.

(d) Question 8. asks if the instructions issued by the Agency's headquarters on the UCFE Program have been received. The program administrator should answer "yes" to that question since this Subchapter serves as DoD's instructions for the UCFE Program. Question 9. asks if any errors were found in the ES-931. If any errors or discrepancies were found, the program administrator should indicate so in the item titled "Remarks by Federal Agency." The program administrator should include the corrected information as well as the reason for the discrepancy, such as an adjustment to the wages.

(2) **Certification.** The next part requires the individual who completed the ES-936 to sign and date the form, indicate his or her title, and the name and address of the Federal Agency. The final part of that form asks if the Federal Agency would like a representative of the SESA to arrange a visit to discuss the responsibilities of the UCFE Program. The program administrator should contact the CPMS, ICUC Division before answering "yes" to that question.

6. **Form ES-939, "UCFE Program - Federal Agency Visit Report"**

a. **Description and Purpose.** The ES-939, figure 850-22, is completed when the DOL or SESA staff visit a Federal Agency to conduct a review or evaluation of the Agency's UC Program. Both the DOL and the SESAs shall visit Federal Agencies periodically to evaluate the UC operations. The SESA staff shall conduct a review if requested by the Federal Agency on the ES-936, "Request for Verification of UCFE Wage and Separation Information Furnished on Form ES-931," figure 850-21. Additionally, SESAs shall also visit a Federal Agency to obtain corrections in wage or separation information reported in specific cases and to familiarize Federal Agency staff with UCFE Program requirements. The ES-939 contains questions about the Federal Agency's basic UC Program responsibilities. The form consists of two main sections.

(1) **Section I. Identification Data.** Section I. consists of the Federal Agency name and address, the name and title of the SESA representative conducting the visit, the reason for the visit, and the names and titles of the persons contacted.

(2) **Section II. Federal Agency Functions.** Section II. consists of questions about the Federal Agency's UCFE Program. The questions are divided into four main parts that are general administration, UCFE claims forms, appeals, and remarks.

b. **Completion.** The ES-939 is completed by the DOL or the SESA. Federal Agencies are not responsible for completing any part of that form. The Federal Agency shall be provided with a copy of the completed form. The program administrator must take action to ensure that the deficiencies noted on the report are corrected.

GLOSSARY

Base Period - The timeframe determined by the State under its applicable law which is used by the State to determine how much an individual will be eligible to receive in unemployment compensation benefits. The base period is comprised of either 4 consecutive quarters or 52 weeks.

Civilian Personnel Office/ Human Resource Office (CPO/HRO) - The local operating personnel office.

Claimant - An individual who has filed a claim for unemployment compensation benefits.

Department of Labor (DOL) - The authority responsible for interpretation of the unemployment compensation for Federal employees (UCFE) law, and who is responsible for prescribing rules and regulations to implement the UCFE Program.

Federal Agency - Any department, agency, or governmental body of the United States including any instrumentality wholly or partially owned by the United States, in any branch of the Government of the United States which employs any individual in Federal civilian service.

Federal Civilian Service - Service performed in the employ of a Federal agency except service excluded by 20 CFR 609.2 (reference (c)).

Federal Employee - An individual who has performed Federal civilian service.

Federal Wages - All pay and allowances, in cash and in kind, for Federal civilian service.

Injury Compensation Unemployment Compensation System (ICUC System) - The automated tracking system used by DoD injury and unemployment compensation professionals to manage and validate claims.

State Employment Security Agency (SESA) - The agency of the State which administers the UCFE Program under the applicable State law based on an agreement with the Secretary of the Department of Labor.

State Law - The unemployment compensation law of a State approved by the Secretary of Labor.

Unemployment Compensation for Federal Employees (UCFE) - A permanent program of unemployment compensation for unemployed Federal civilian employees. The UCFE Program provides a weekly income for a limited period of time for qualified unemployed Federal civilian employees. For the purposes of this subchapter, unemployment compensation (UC) is used interchangeably with UCFE.

July 25, 1997
DoD 1400.25-M

Unemployment Compensation Program Administrator - The individual designated by the Civilian Personnel Officer who manages and is responsible for the UCFE Program at the installation level.

TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM

**UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM
NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE**

This form has been given to you because (1) you have been separated from your job, or (2) you were placed in a nonpay status, or (3) your records have been transferred to a different payroll office.

Unemployment insurance (UI) for Federal workers. When unemployed, Federal workers may be entitled to UI benefits similar to those of workers in private industry. If you become unemployed or are in a nonpay status and want to FILE A CLAIM, go to the nearest LOCAL PUBLIC EMPLOYMENT SERVICE OFFICE of the STATE EMPLOYMENT SECURITY AGENCY to register for work and file your claim for UI. Your ELIGIBILITY for UI CANNOT be determined until AFTER you file a claim. DO NOT DELAY filing a UI claim; if you wait, your unemployment benefits may be reduced or you may not qualify for any benefits.

To help EXPEDITE your claim, take THIS FORM with you, your SOCIAL SECURITY ACCOUNT NUMBER CARD, the OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50 if available), EARNINGS and LEAVE statements, or similar documents that indicate you were employed by a Federal agency.

FEDERAL AGENCY will insert in the box:

1st line—Parent Federal Agency Name and 8 digit code number
2nd line—Major Component (if any)
3rd and 4th line—complete address to which all forms pertaining to a claim should be sent (ES-931, 931A, 934, 936, and notices of appeal, hearings, and determinations)

3 Digit Identification	
FEDERAL AGENCY	
CODE NO.	421
Department of Defense Defense Systems Information Agency Arlington Service Center - BLC 701 S. Courthouse Road, Bldg. 12 Room 110 Arlington, VA 22204-2199	

To be completed by the Federal Agency:

Contact Name/Office
John Doe

Telephone No. (include area code)
(703) 607-0000

KEEP THIS FORM and TAKE IT WITH YOU if you file a UCFE/UI claim for unemployed Federal workers provided by Federal law (U.S. CODE, Title 5, Chapter 85). For more information about UCFE/UI, read the REVERSE SIDE of this form.

**UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM
UNEMPLOYMENT INSURANCE (UI) FOR FEDERAL WORKERS**

TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM

GENERAL INFORMATION:

1. WHO WILL PAY UNEMPLOYMENT BENEFITS?

If you are eligible, you will be paid by a State employment security agency under the provisions of its unemployment insurance (UI) law. The amount of your regular weekly benefits and the period for which benefits will be paid will generally be determined by the law of the State in which you had your last Official Duty Station. This Duty Station will be printed on your final "Notification of Personnel Action", SF-50. If you have received all the regular benefits for which you are eligible, you may, under certain circumstances, become eligible for additional weeks of extended benefits; check with a State local office official. If your last duty station was outside the United States, you will not be eligible until you return to the United States, including the District of Columbia, Puerto Rico, and Virgin Islands. Your benefit rights will then be determined under the law of your State of residence.

UCFE/UI for unemployed Federal workers is paid from U.S. Government funds. No deductions were taken from your pay to finance these benefits.

2. UNDER WHAT CONDITIONS WILL I BE ELIGIBLE?

All State UI laws require that:

- a. You must be unemployed, able to work, and available for suitable work; (In some cases, you may be eligible if you are employed less than full time);
- b. You must register for work and file a claim at a local public employment service/UI claim office;
- c. You must continue to report to the office as directed; and
- d. You must have had a certain amount of employment/wages within a base period of 1 year specified in the State law and have been separated through no fault of your own.

All State UI laws will deny you benefits for such reasons as:

- a. Quitting your job voluntarily without good cause or being discharged for misconduct connected with work; or
- b. Refusing an offer of a suitable job without good cause.

Some State UI laws deny or reduce UI benefits for certain types of payments you may receive (retirement, severance, and/or lump-sum amount for unused, accrued annual leave).

3. DO I HAVE THE RIGHT OF APPEAL?

Yes. If a determination is made denying you benefits, you have the right to appeal as provided in the applicable State law.

4. ARE THERE ANY PENALTIES?

Yes. If you willfully make a false (fraudulent) claim, you may be fined, imprisoned, or both. If you make a mistake in giving information when you file your claim, notify the local UI claims office as soon as you discover the mistake: prompt notification may avoid a penalty.

(The above statements are issued for general information; they do not have the effect of law, regulation, or ruling).

IF YOU BECOME REEMPLOYED and have been collecting UCFE/UI benefit payments, it is your **RESPONSIBILITY** to notify the local office, in writing, to discontinue paying benefits now that you are employed. Failure to do so may result in a *penalty such as a fine, imprisonment, or both.*

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
REQUEST FOR WAGE AND SEPARATION INFORMATION
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE)

F.O. No. 006 BYB 9/24/96
Date claim filed 9/26/96
Date of request 9/26/96

SECTION I. IDENTIFICATION DATA

1. a. Is payroll office address based on SF-8? ☒ Yes ☐ No
b. If "No" does claimant state he/she received SF-8? ☐ Yes ☐ No

3. Name (Last, First, Middle, Maiden, if any) PLEASE PRINT.
Doe, Jane

2. Claimant states he/she was: a. ☐ Regular full-time employee
b. ☐ Intermittent or part-time employee

4. SSA No.(s)
111-11-1111

Department of the Navy
Human Resources Office (Code 12440)
Naval Air Station, North Island
Box 357041
San Diego, CA 92135-7041

5. Date of Birth
5/4/60

6. Date of Separation
9/22/96

7. Position Title
Maintenance

8. Place of Employment (City, State, or County)
San Diego

SECTION II. FEDERAL AGENCY REPLY

"If a completed Form ES 931 is not received by the State employment security agency by the 12th day, from the date the first request was made, the State agency may pay benefits to the claimant based on his/her affidavit as provided by Secretary of Labor's Regulation 20 CRF 609. Any benefit payments made to the claimant will be charged to the Federal agency(ies) in accordance with Section 1023, PL 96-499, Omnibus Reconciliation Act of 1980 (94 Stat. 2599)." COMPLETE SECTION II AND RETURN IN FOUR DAYS.

1. FEDERAL CIVILIAN SERVICE:

1. a. Did this person perform "Federal civilian service" (as defined for UCFE purposes) for your agency at any time during or after the base period shown in 2. a. below? ☒ Yes ☐ No.
If "No," explain (use reverse side if necessary).

NOTE: Nonappropriated fund activities employees do perform "Federal civilian service."

1. b. Duty Station: Enter state of this person's last employment with your agency (or, if outside U.S., enter country). California
(Obtain from Item 25, of SF-50, or, if SF-50 not used, record duty station or equivalent as shown on other separation document your agency uses.)

2. BASE PERIOD WAGES:

PARENT AGENCY ID CODE (3 Digits)	BRANCH AGENCY ID CODE (2 Digits)	2. a. Report of wages		
		QUARTER ENDING	YEAR	*GROSS WAGES
423		6/30	95	\$7,200
423		9/30	95	\$7,200
423		12/31	95	\$7,200
423		3/31	96	\$7,800
423		6/30	96	\$7,800
423		9/30	96	\$7,800

2. b. Report of duty hours:	Workday	8	2. c. Hourly pay rate:
	Basic workweek	40	

2. d. IDENTIFICATION: If incorrect data shown in Section I, enter correction(s):

*(NOTE: Enter gross wages in Federal civilian service; if "None" so state. Do not include as wages any: (1) severance pay; or (2) lump-sum terminal annual leave payment reported in Item 3. a. below.)

TOTAL GROSS WAGES: \$45,000

3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION:

3. a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the beginning date of base period shown in Item 2. a. above? ☒ Yes ☐ No
If "Yes," or if currently entitled to such a payment, record data below for each payment (or entitlement) since such date:

(2) Amount of payment \$ 1,300	(4) Amount of terminal annual leave: Days 12 1/2	(5) Period of terminal leave: Hours 100	From: 9/25/96
(3) Date paid: 10/13/96			To: 10/11/96

3. b. Date of separation:

9/22/96

3. c. Date of last day of active pay status (including annual and sick leave) if earlier than date of separation, or if employee has not been separated.

9/22/96

3. d. REASON FOR SEPARATION OR NONPAY STATUS. (Obtain from Item 12, "Nature of Action," and Item 30, "Remarks" of SF-50 or, if SF-50 not used, record equivalent information from other separation document(s) your agency uses. See Federal Personnel Manual for standards. If payroll office records are incomplete or inadequate, based on need for Forms ES-934 in similar cases, refer request to personnel office. USE REVERSE SIDE OR ATTACH COPIES OF DOCUMENTS, IF NECESSARY.)

Discharge: Falsification of Application for Employment

I certify that I have examined this report which constitutes the findings of this agency, and to the best of my knowledge and belief it is a true, correct, and complete report.

MAIL TO:

(Field Office Stamp)

Signature and Title of Official and Date

Personnel Management Specialist
Address of payroll office if different from that shown above

Name of Parent Federal Agency
Department of the Navy
ID Code No. 423 Phone ()

Figure 850-2-1. ES-931, "Request for Wage and Separation Information for California"

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT COMPENSATION
BUREAU OF CLAIMS AND BENEFITS
REQUEST FOR WAGE AND SEPARATION INFORMATION - UCFE

LOCAL OFFICE AND TELEPHONE NUMBER

Jacksonville

DATE NEW CLAIM FILED

11/5/95

U.S. CITIZEN

☒ YES
☐ NO

DATE OF REQUEST

11/9/95

SECTION I. IDENTIFICATION DATA

1. NAME (Last, First, Middle; Maiden, if any) Doe, John		2. SOCIAL SECURITY NUMBER(S) 111-11-1111	3. DATE OF BIRTH 10/16/62
4. POSITION TITLE Program Analyst		5. PLACE OF EMPLOYMENT (City, State, or Country) Jacksonville, Florida	6. DATE SEPARATED 11/8/95
7a. IS PAYROLL OFFICE ADDRESS BASED ON SF-8? <input checked="" type="radio"/> YES <input type="radio"/> NO		8. CLAIMANT STATES HE/SHE WAS: <input checked="" type="radio"/> a. REGULAR, FULL TIME EMPLOYEE	AND: <input checked="" type="radio"/> APPROPRIATED
b. IF "NO", DOES CLAIMANT STATE HE/SHE RECEIVED SF-8? <input type="radio"/> YES <input checked="" type="radio"/> NO		0 b. INTERMITTENT OR PART-TIME EMPLOYEE	0 NON-APPROPRIATED

SECTION II. FEDERAL AGENCY REPLY

INSTRUCTIONS: COMPLETE SECTION II AND RETURN ORIGINAL WITHIN 4 DAYS. SEE REVERSE FOR DETAILED INFORMATION.

1. FEDERAL CIVILIAN SERVICE

1a. Did this person perform "Federal Civilian service" (as defined for UCFE purposes) for your agency at any time during or after the base period shown in item 2a below? YES ☐ NO ☒ If "NO", explain:

2b. DUTY STATION: Enter State of this person's last employment with your agency (or, if outside U.S., enter Country): Florida

2. BASE PERIOD WAGES

2a. REPORT OF WAGES:			NUMBER OF WEEKS OF EMPLOYMENT	2b. REPORT OF DUTY HOURS:	
QUARTER ENDING	YEAR	GROSS WAGES		NUMBER OF DUTY HOURS: WORKDAY	8
9/30	19 94	\$ 5,000	13	NUMBER OF DUTY HOURS: BASIC WORK WEEK	40
12/31	19 94	\$ 5,000	13	2c. ENTERED ON DUTY DATE: 1/10/94	
3/31	19 95	\$ 5,500	13	2d. IDENTIFICATION: If incorrect data shown in Section 1, enter correction(s):	
6/30	19 95	\$ 5,500	13		
9/30	19 95	\$ 5,500	13		
12/31	19 95	\$ 2,000	5 1/2		
TOTAL		\$ 28,500			

3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION

3a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the beginning date of the base period shown in item 2a above?
YES ☐ NO ☒

If "YES", or if currently entitled to such a payment, record data below for each payment (or entitlement since such date):

(2) Amount \$ 1,000	(4) Amount of Terminal Annual Leave: Days: 5	Hours: 40	3b. Date of Separation: 11/8/95
(3) Date of Payment 11/17/95	(5) Period of Terminal Leave: From: 8:00 To: 5:00	Date: 11/9/95	3c. Date of last day of Active Pay Status 11/8/95
		Date: 11/15/95	

3d. REASON FOR SEPARATION OR NONPAY STATUS:

Termination: Expiration of Appointment

I CERTIFY THAT I have examined this report (including the instructions on the reverse of this form); that this report constitutes the findings of this agency under Federal Law (5 U.S.C. 8506(a)) and, to the best of my knowledge, it is a correct and complete report.

SIGNATURE OF OFFICIAL

TITLE

Personnel Management Specialist

DATE

11/13/95

4. NAME AND CODE OF PARENT FEDERAL AGENCY
(E.G. NASA, 631, Postal Data Service - 732)

Department of the Army FIC 422

5. NAME OF AGENCY COMPONENT AND ADDRESS OF PAYROLL OFFICE
(if different from address shown on reverse)



NEW YORK STATE DEPARTMENT OF LABOR
Unemployment Insurance Division

REQUEST FOR WAGE AND SEPARATION
INFORMATION - UCCE

The Payroll Office address below was *was not* based on SF 8.
The claimant states that SF 8 was *was not* issued by your agency.

PAYROLL
OFFICE
ADDRESS

PARENT FEDERAL AGENCY		
Department of the Army		
NO.	STREET	
U. S. Army Engineer District - Buffalo		
CITY	STATE	ZIP CODE
1776 Niagara St.,	Buffalo, NY	14207-3199

INSTRUCTIONS FOR SECTION II. Complete Section II and return original and one copy within 4 days to address below

(Throughout this form the term "week" means Monday through Sunday)

Date New Claim Filed	Date of Request	Local Off. No.
10/16/96	10/18/96	20

SECTION I. IDENTIFICATION DATA

1. Social Security Account Number(s) 111-11-1111	
2. Name (Last, First, Middle; Maiden, if any) Doe, John	
3. Date of Birth 4/1/50	4. Employee No.
5. Position Title Engineer	
6. Place of Employment (City, State, or Country) Buffalo	
7. <input checked="" type="checkbox"/> Regular Full Time Employee <input type="checkbox"/> Intermittent or Part-Time Employee	
8. Date of Separation 10/14/96	

SECTION II. FEDERAL AGENCY REPLY

1. FEDERAL CIVILIAN SERVICE

1a. Did this person perform Federal civilian service (as defined for UCCE purposes) for your agency at any time during the period indicated in Item 2 below? ☒ YES ☐ NO If "No," explain why service was not Federal civilian service.

1b. DUTY STATION: Enter state of this person's last employment with your agency (or, if outside U.S., enter country)
New York

2. BASE-PERIOD WAGES

For the Base Period \longrightarrow		FROM 10/9/95	THRU 10/7/96
2a. Weeks of Work During Period Shown Above: Weeks	2b. Gross Wages During this Period: (If "None", so state. Do not include as wages: (1) severance pay; or (2) lump-sum terminal annual leave payment reported in Item 3a below.) \$ 36,000	2c. Records maintained: <input checked="" type="checkbox"/> Paid Basis <input type="checkbox"/> Earned	
2d. No. of weeks during this period in which employee worked and earned less than \$80.00: 0	Weeks	Total Earnings for Such Weeks: \$	

2e. IDENTIFICATION: If incorrect data is shown in Section I, enter correction(s). (Use reverse side if necessary):

3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION

3a. (1) Did this person receive lump-sum payment(s) for terminal annual leave on or after the beginning date of the base period shown above? ☐ Yes ☒ No If "Yes", or if currently entitled to such payment, enter data below:

(2) Period of Terminal Leave: From: To:	(3) Amount of Payment: \$	
(4) Date of Payment:	3b. Date of Separation: 10/14/96	3c. Date of Last Day of Active Pay Status: 10/14/96

3d. Reason for Separation or Nonpay Status: Discharged: Unsatisfactory Performance
(Use reverse, if needed.)

I CERTIFY THAT I have examined this report (including the Instructions on the reverse of this form); that this report constitutes the findings of this agency under Federal Law (5 U.S.C. 8506(a)) and to the best of my knowledge, it is a correct and complete report.

NEW YORK STATE DEPARTMENT OF LABOR
Unemployment Insurance Division

LEAVE BLANK
Ben. Rate
Pens. Red.
Net Rate.

Signature of Official

Date

10/23/96

Title

Employee Relations

Parent Federal Agency

Dept. of the Army

Name and Address of Payroll Office (if different from above)

CHARACTERISTICS

FL2 (1/90)

(ES 931, 9-72/MA 8-36)

SEX	D.O.B.	GRP.	EDUC.	OCC.	VET.	RESIDENCE

Figure 850-2-3. ES-931, "Request for Wage and Separation Information for New York"
850-B-5

BENEFITS - UCFE
TEXAS WORKFORCE COMMISSION
101 E 15 ST RM 376
AUSTIN TX 78778-0000

MAR 11 1997

ES-931 REQUEST FOR WAGE AND SEPARATION INFORMATION-UCFE

Date Mailed: March 6, 1997

Department of the Army
Directorate of Civilian Personnel
1410 Stanley Rd., Bldg 144
Ft. Sam Houston, TX 78234-5023

Federal Agency Code: 422
TWC Account Number: 99-999422-9
Initial Claim Date:
Date to LCCC: 03-05-97
Case Number: 1
Last Employer: YES

SECTION I. IDENTIFICATION DATA

1. NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY)) Doe, John
2. SOCIAL SECURITY NUMBER 000-00-0000
3. BIRTHDATE 07-08-55
4. POSITION TITLE EMPLOYEE
5. PLACE OF EMPLOYMENT (CITY STATE OR COUNTRY) SAN ANTONIO
6. SEPARATION DATE 02-27-97
7. IS FEDERAL AGENCY ADDRESS BASED ON SF8? NO
8. CLAIMANT WAS: REGULAR FULL TIME EMPLOYEE
9. REASON FOR SEPARATION: FIRED

SECTION II. FEDERAL AGENCY REPLY

INSTRUCTIONS: COMPLETE SECTION II AND RETURN WITHIN 4 WORKDAYS

1. FEDERAL FINDINGS TO DETERMINE FEDERAL CIVILIAN SERVICE

DID THIS PERSON PERFORM "FEDERAL CIVILIAN SERVICE" AS DEFINED FOR UCFC PURPOSES FOR YOUR AGENCY AT ANY TIME DURING THE BASE PERIOD SHOWN IN ITEM2. BELOW? YES NO (EXPLAIN ON SEPARATE ATTACHMENT)

2. WAGES CLAIMANT REPORTED TO TWC

QUARTER ENDING	YEAR	GROSS WAGES
12-31	1995	\$0.00
3-31	1996	\$0.00
6-30	1996	\$0.00
9-30	1996	\$0.00
12-31	1996	\$0.00
3-31	1997	\$0.00

QUARTER

ENDING	YEAR
12-31	1995
3-31	1996
6-30	1996
9-30	1996
12-31	1996
3-31	1997

2A. FEDERAL WAGES

GROSS WAGES
\$ 4 1 2 3 . 2 0
\$ 4 8 1 0 . 4 0
\$ 4 3 4 1 . 6 0
\$ 5 0 8 4 . 8 0
\$ 4 4 7 6 . 4 0
\$ 1 1 6 2 . 2 4

B. LOCATION OF LAST DUTY STATION (STATE OR IF OUTSIDE U.S. COUNTRY): Texas

C. IDENTIFICATION OF INCORRECT DATA SHOWN IN SECTION I. ENTER CORRECTIONS HERE:

3. TERMINATION ANNUAL LEAVE, SEPARATION AND SEVERANCE PAY INFORMATION

A. DID THIS PERSON RECEIVE A LUMP-SUM PAYMENT(S) FOR TERMINAL ANNUAL LEAVE ON OR AFTER THE BEGINNING DATE OF THE BASE PERIOD SHOWN IN 2. ABOVE? YES X NO IF "YES", OR IF CURRENTLY ENTITLED TO SUCH A PAYMENT, RECORD DATES BELOW FOR EACH PAYMENT OF ENTITLEMENT SINCE SUCH DATE:

PAYMENT DATE: / / DAYS OF LEAVE: PAYMENT AMOUNT \$
PERIOD FROM: TIME: DATE: / / TO TIME: DATE: / /

B. DATE OF SEPARATION: 2 / 27 / 97

C. LAST DAY OF ACTIVE PAY STATUS 2 / 27 / 97

D. REASON FOR SEPARATION OR NONPAY STATUS: PLEASE MARK THE APPLICABLE RESPONSE AND PROVIDE A DETAILED EXPLANATION, ATTACHING ADDITIONAL PAGES IF NECESSARY. TWC MAY DISCLOSE TO THE CLAIMANT ANY INFORMATION YOU PROVIDE.

☐ TEMPORARY LAYOFF RETURN TO WORK DATE: / / ☐ PERMANENT LAYOFF ☐ QUIT ☐ FIRED ☐ LABOR DISPUTE
Termination: Involuntary

E. DID THIS PERSON RECEIVE OR IS HE/SHE ENTITLED TO RECEIVE SEVERANCE PAY PROVIDED BY FEDERAL LAW OR AGENCY

EMPLOYEE AGREEMENT? YES X NO IF "YES", COMPLETE THE FOLLOWING INFORMATION: TOTAL ENTITLEMENT \$
WEEKLY ENTITLEMENT: \$ NUMBER OF WEEKS: BEGINNING DATE: / / ENDING DATE: / /

SECTION III.

A. SIGNATURE OF OFFICIAL: DATE: 3/4/97

B. NAME OF PARENT FEDERAL AGENCY, 3-DIGIT FEDERAL AGENCY CODE, AND ADDRESS (IF DIFFERENT FROM ADDRESS SHOWN ABOVE.)

PRINT NAME: Jane Smith
TITLE: Personnel Specialist
TELEPHONE: ()

Department of the Army FIC 422

Employment SECURITY

32 SOUTH MAIN STREET
CONCORD NH 03301-4857

FIRST REQUEST FOR EMPLOYEE EARNINGS INFORMATION

DATE MAILED: 10/18/95

TEL: (603)228-4015

EMPLOYER ACCOUNT NO. 91424

01

Department of the Air Force
439 AW/DPCE
100 Lloyd St.
Westover ARB
Chicopee, MA 01022-1843

INFORMATION PROVIDED BY:

Jane Smith

SIGNATURE

TITLE:
Personnel specialist

DATE: 10/23/95

TEL:

DURING THE CALENDAR QUARTER OCT-DEC 1994, Doe, John 111-11-1111 ,
WAS EMPLOYED BY YOU AND EARNED WAGES IN THE AMOUNT OF \$ 10,091.00

IMPORTANT

PLEASE READ INSTRUCTIONS
IN ENCLOSED LETTER
BEFORE PROVIDING THE
INFORMATION FOR ITEMS.

① ② & ③ ➡

EARNINGS INFORMATION IS
REQUESTED ONLY FOR
THE WEEKS PRINTED IN
ITEM ①

CHECK TYPE OF PAY PERIOD

☐ WEEKLY ☐ MONTHLY
☒ BI-WEEKLY ☐ SEMI-MONTHLY

CIRCLE DAY ON WHICH
YOUR REGULAR PAY PERIOD ENDS

S M T W T F ⑤

CIRCLE WHICH DAY IS
YOUR REGULAR PAY DAY

S M T W T ⑥ S

DATE STARTED WORK: 8 / 5 / 93
IF INDIVIDUAL IS NO LONGER EMPLOYED BY
YOU, PLEASE ENTER LAST DATE WORKED: 12 / 23 / 94

① FOR EACH WEEK SHOWN CIRCLE DAYS WORKED									② ENTER GROSS WAGES EARNED	③ CHECK OTHER PAYMENTS		
SUN	MON	TUE	WED	THU	FRI	SAT	MONTH			V	R	L
06	07	08	09	10	11	12	NOV	G	\$850			
13	14	15	16	17	18	19	NOV	H	\$850			
27	28	29	30	01	02	03	DEC	J	\$850			
04	05	06	07	08	09	10	DEC	K	\$850			
11	12	13	14	15	16	17	DEC	L	\$850			
18	19	20	21	22	23	24	DEC	M	\$850			
25	26	27	28	29	30	31	DEC	N				
01	02	03	04	05	06	07	JAN	O				
08	09	10	11	12	13	14	JAN	P				
15	16	17	18	19	20	21	JAN	Q				
22	23	24	25	26	27	28	JAN	R				
29	30	31	01	02	03	04	FEB	S				
05	06	07	08	09	10	11	FEB	T				
12	13	14	15	16	17	18	FEB	U				
19	20	21	22	23	24	25	FEB	V				
26	27	28	01	02	03	04	MAR	W				
05	06	07	08	09	10	11	MAR	X				
12	13	14	15	16	17	18	MAR	Y				
19	20	21	22	23	24	25	MAR	Z				

ENTER TOTAL
AMOUNT OF
OTHER PAYMENTS ➡ \$

PLEASE ENTER REASON FOR SEPARATION: Resigned to relocate.
Figure 850-3. Request for Employee Earnings Information



STATE OF TENNESSEE
DEPARTMENT OF EMPLOYMENT SECURITY
QUALITY CONTROL UNIT
416 East Lafayette
Jackson, Tennessee 38301

DATE: October 16, 1995

Dept of Army Finance + Acctg Ctr
To Dir Civil Personl Mgmt

RE: Doe, John

2401 Eisenhower Ave Bn 104

SS# 111-11-1111

Alexandria, VA 22331

ATTN: Human Resource Dept.

Dear Employer:

The Unemployment Insurance (UI) claim filed by the above individual has been randomly selected for audit by the department's UI Quality Control Unit. Federal guidelines require that wages used to establish monetary eligibility for a claimant be verified for reporting accuracy by the employer and recording accuracy by the agency.

Please furnish a photo copy, or computer printout, of payroll document(s) which shows gross amount paid to John Doe during each pay period beginning 04-01-94 through 03-31-95 or the individual's last date worked. Please indicate pay period ending dates paid (or check dates) for each pay period. Gross wages must include all wages before deductions of any kind are made (including 401K, flexible benefit or cafeteria plans, deferred compensation, insurance, etc.).

Please furnish employment information requested (highlighted) on the upper half of page 1 of the enclosed agency form. If this individual was separated for any reason other than a lack of work, please furnish us with the reason separated and all supporting documentation. (It is not necessary to submit documents previously furnished to the agency.) Also, please indicate if and when you plan to recall this individual.

If payroll records are self explanatory, completion of quarterly wage sections on page 2 is not necessary. However, a company representative's signature and title is required at the bottom of page 2, as well as on the copy of the payroll record.

Please reply by 10-31-95. You may FAX documents to (901) 423-5864. If FAX is not available, please mail copies to the address at the top of this page.

Figure 850-4. Quality Control Verification of Base Year Employment

Employer Request for Verification
Page 2

In accordance with Employment Security law, the information furnished to the department is confidential and will only be used for purposes of verifying claimant eligibility for UI benefits.

If you prefer an in-person audit of the required records, please leave a message for me at (901) 423-5757 so an appointment can be scheduled.

To expedite this audit, please review the following check list before returning documentation.

- ☒ All highlighted sections of employment information -- completed on page 1.
- ☐ Claim series wages provided according to calendar week (Sunday through Saturday) on page 1.
- ☒ Payroll record shows all pay periods, and pay period ending dates and pay dates (or check dates) are indicated.
- ☒ Signature and title of company representative at bottom of page 2.
- ☒ Signature and title of company representative on copy of payroll record. *If possible to copy records*

Thank you for your cooperation in this matter.

Sincerely,

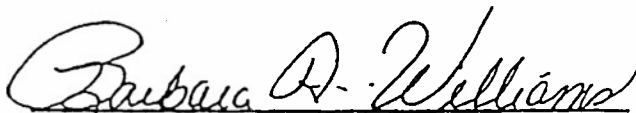

Barbara A. Williams
UI Quality Control Investigator

Figure 850-4. Quality Control Verification of Base Year Employment, continued



TENNESSEE DEPARTMENT OF EMPLOYMENT SECURITY
QUALITY CONTROL VERIFICATION OF BASE YEAR EMPLOYMENT

BATCH NUMBER

954

John Doe
(CLAIMANT'S NAME)
111-11-1111
(SOCIAL SECURITY NUMBER)
10-7-95
(KEY WEEK)
Dept of Army Finance + Acct. CTR 0900.422
(EMPLOYER'S NAME)
2461 Eisenhower Ave Rm 1404 Alexandria Va. 22331
(EMPLOYER'S ADDRESS)
Roman Reserve Dist.
(EMPLOYER CONTACT)
(TITLE)

DATE HIRED: _____ LAST DAY WORKED: _____ DATE SEPARATED: _____

REASON FOR SEPARATION: _____

PRIOR PERIODS OF EMPLOYMENT WITH THIS EMPLOYER: _____

POSITION TITLE: _____ SALARIED ☐ HOURLY ☐ AMOUNT: _____

AS OF THE DATE OF SEPARATION, DID YOU EXPECT TO RECALL THIS CLAIMANT? NO ☐ YES ☐ WHEN? _____

AS OF 10/7/95 DID YOU EXPECT TO RECALL THIS PERSON? YES ☐ NO ☐ IF YES, WHEN? _____
(KEY WEEK) (DATE)

AS OF 10/7/95 HAS RE-EMPLOYMENT BEEN OFFERED? YES ☐ NO ☐ IF YES, WHEN? _____
(KEY WEEK) (DATE)

WAGES PAID PAST SEPARATION DATE WERE: VACATION ☐ SICK ☐ SEVERENCE ☐ WAGES IN LIEU OF NOTICE ☐ OTHER ☐

IF OTHER, EXPLAIN: _____

WAGES FOR KEY WEEK: _____ PENSION? YES ☐ NO ☐

NOTE!!

BASE PERIOD WAGE AUDIT FORM IS ON THE BACK. MISCELLANEOUS BASE PERIOD WAGES MAY BE EXPLAINED UNDER "MISCELLANEOUS WAGES" BELOW. DISCREPANCIES IN BASE PERIOD WAGES MUST BE EXPLAINED. THE EMPLOYER REPRESENTATIVE MUST SIGN THE CERTIFICATION ON THE BACK OF THIS FORM. FAILURE TO OBTAIN A SIGNATURE MUST BE EXPLAINED.

CLAIM SERIES WAGES

PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID

OTHER
WAGE
INFORMATION

MISCELLANEOUS PAY

TYPE	DATE PAID	GROSS AMOUNT PAID

COMMENTS: _____

BASE PERIOD

QUARTER 2nd YEAR 94 AMT. REPORTED 6,283.20

WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	4/16/94	4/23/94	\$483.31
2	4/16/94	4/23/94	\$483.31
3	4/30/94	5/6/94	\$483.31
4	4/30/94	5/6/94	\$483.31
5	5/14/94	5/20/94	\$483.31
6	5/14/94	5/20/94	\$483.31
7	5/28/94	6/3/94	\$483.31
8	5/28/94	6/3/94	\$483.31
9	6/11/94	6/17/94	\$483.31
10	6/11/94	6/17/94	\$483.31
11	6/25/94	7/1/94	\$483.31
12	6/25/94	7/1/94	\$483.31
13	7/9/94	7/15/94	\$483.48
14			
TOTAL			\$6,283.20

QUARTER 3rd YEAR 94 AMT. REPORTED 7,330.40

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A
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E

WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	7/9/94	7/15/94	\$563.87
2	7/23/94	7/29/94	\$563.87
3	7/23/94	7/29/94	\$563.87
4	8/6/94	8/12/94	\$563.87
5	8/6/94	8/12/94	\$563.87
6	8/20/94	8/26/94	\$563.87
7	8/20/94	8/26/94	\$563.87
8	9/3/94	9/9/94	\$563.87
9	9/3/94	9/9/94	\$563.87
10	9/17/94	9/23/94	\$563.87
11	9/17/94	9/23/94	\$563.87
12	10/1/94	10/7/94	\$563.87
13	10/1/94	10/7/94	\$563.96
14			
TOTAL			\$7,330.40

QUARTER 4th YEAR 94 AMT. REPORTED 6,283.20

WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	10/15/94	10/21/94	\$483.31
2	10/15/94	10/21/94	\$483.31
3	10/29/94	11/4/94	\$483.31
4	10/29/94	11/4/94	\$483.31
5	11/12/94	11/18/94	\$483.31
6	11/12/94	11/18/94	\$483.31
7	11/26/94	12/2/94	\$483.31
8	11/26/94	12/2/94	\$483.31
9	12/10/94	12/16/94	\$483.31
10	12/10/94	12/16/94	\$483.31
11	12/24/94	12/30/94	\$483.31
12	12/24/94	12/30/94	\$483.31
13	1/7/95	1/13/95	\$483.48
14			
TOTAL			\$6,283.20

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O
D
QUARTER 1st YEAR 95 AMT. REPORTED 7,410.40

WEEK	PAY PERIOD ENDING	DATE PAID	GROSS AMOUNT PAID
1	1/7/95	1/13/95	\$570.03
2	1/21/95	1/27/95	\$570.03
3	1/21/95	1/27/95	\$570.03
4	2/4/95	2/10/95	\$570.03
5	2/4/95	2/10/95	\$570.03
6	2/18/95	2/24/95	\$570.03
7	2/18/95	2/24/95	\$570.03
8	3/4/95	3/10/95	\$570.03
9	3/4/95	3/10/95	\$570.03
10	3/18/95	3/24/95	\$570.03
11	3/18/95	3/24/95	\$570.03
12	4/1/95	4/7/95	\$570.03
13	4/1/95	4/7/95	\$570.04
14			
TOTAL			\$7,410.40

TOTAL BASE PERIOD WAGES

\$27,307.20

THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Employer's Representative-Signature and Title	Date:
A.C. Investigator's Signature <i>Barbara A. Williams</i>	Date: 10-16-95

Figure 850-4. Quality Control Verification of Base Year Employment, continued

STATE UI LAW REQUIREMENTS CONCERNING BACK-PAY AWARDS

REGION	STATE	SESA SETS UP OVERPAYMENT	STATE LAW REQUIRES EMPLOYER TO RECOVER OVERPAYMENT	SESA DOES NOT CONSIDER BACK- PAY TO CAUSE OVERPAYMENT
I	Connecticut*		X	
	Maine	X		
	Massachusetts	X		
	New Hampshire*		X	
	Rhode Island			X
	Vermont	X		
II	New Jersey	X		
	New York	X		
	Puerto Rico	X		
	Virgin Islands	X		
III	Delaware*	X	X	
	D.C.	X		
	Maryland	X		
	Pennsylvania		X	
	Virginia	X		
	West Virginia		X	
IV	Alabama*		X	
	Florida	X		
	Georgia			X
	Kentucky	X		
	Mississippi*		X	
	North Carolina		X	
	South Carolina	X		
	Tennessee		X	
V	Illinois	X		
	Indiana		X	
	Michigan	X		
	Minnesota	X		
	Ohio	X		
	Wisconsin*	X		
VI	Arkansas*	X	X	
	Louisiana			X
	New Mexico	X		
	Oklahoma	X		
	Texas		X	

Figure 850-5. State UI Law Requirements Concerning Back-Pay Awards

REGION	STATE	SESA SETS UP OVERPAYMENT	STATE LAW REQUIRES EMPLOYER TO RECOVER OVERPAYMENT	SESA DOES NOT CONSIDER BACK- PAY TO CAUSE OVERPAYMENT
VII	Iowa*	X	X	
	Kansas	X		
	Missouri		X	
	Nebraska	X		
VIII	Colorado	X		
	Montana		X	
	North Dakota	X		
	South Dakota	X		
	Utah*		X	
	Wyoming	X		
IX	Arizona*		X	
	California*		X	
	Hawaii	X		
	Nevada		X	
X	Alaska*	X		
	Idaho*	X		
	Oregon*	X		
	Washington	X		

* See Explanatory Notes

EXPLANATORY NOTES - BACK-PAY AWARDS

REGION I

Connecticut requires the employer to deduct overpayment from back-pay award. However, State provides for recovery of overpayment from the claimant if the UI benefits are not deducted from the award.

New Hampshire requires employer to notify State in advance of award payment. State then makes a determination which justifies employer to deduct UI benefits from award.

REGION III

Delaware will accept reimbursement from either employer or employee.

Figure 850-5. State UI Law Requirements Concerning Back-Pay Awards, continued

REGION IV

Alabama requires employer to deduct overpayment from back-pay award unless the award is the result of a National Labor Relations Board decision or an award pursuant to 42 U.S.C.A. Section 2000 et seq. (Title VII, Civil Rights Act of 1964).

Mississippi requires the employer to deduct overpayment from back-pay award. However, State provides for recovery of overpayment from the claimant if the UI benefits are not deducted from the award.

REGION V

Wisconsin recovers overpayment from either employer or employee depending on manner in which warrant is written.

REGION VI

Arkansas law does not require employer to recover overpayments but provides that if an employer deducts UI benefits paid from a back-pay award, the employer must reimburse the State.

REGION VII

Iowa, at its discretion, may reach an agreement with the employer and employee on method of reimbursement of overpayment by deduction from award, offset from future benefits or cash restitution.

REGION VIII

Utah requires employee to reimburse UI benefits paid when claimant is at fault in the creation of the overpayment. In non-fault overpayments, employer is required to recover the overpayment, i.e. claimant has made an assignment to direct employer to reimburse overpayment for UI benefits paid.

REGION IX

Arizona requires the employer, with employee's approval, to reimburse the overpayment.

California provides the employer a choice whether to deduct UI benefits from the back-pay award.

REGION X

Idaho sets up an overpayment and back-pay is allocated to each week claimant worked (partial UI benefits). Otherwise, if the claimant did not work and claimed benefits, the back-pay would be reported as a lump sum in week received.

Alaska does not require employers to make deductions for UI benefits. However, if employer deducts, then employer is required to reimburse the State.

Oregon sets up an overpayment only if the claimant is reinstated.

INGLEWOOD JS - 006
P.O. BOX 5038
HAWTHORNE, CA 90251-5038
(310) 725-2100



DE 1545R

NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM

*RESPONSE MUST BE POSTMARKED BY

11-13-95

YOUR ACCOUNT NO.

BR. NO.

000-4424-8

00

PREDECESSOR ACCOUNT NO.

DEPARTMENT OF THE AIR FORCE

CLAIM DATE

09-10-95

***IF WAGES ARE CORRECT AND YOU DO NOT WISH TO SUBMIT ELIGIBILITY INFORMATION,
NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.**

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED.

CLAIMANT'S NAME

NAME WAGES REPORTED UNDER

SOCIAL SECURITY NUMBER

OTHER SOCIAL SECURITY NUMBER

Doe, Jane

000-00-0000

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM

06-30-94	09-30-94	12-31-94	03-31-95
\$ 6630.00	\$ 6630.00	\$ 6630.00	\$ 6630.00

TOTAL WAGES REPORTED BY YOU
\$ 26,520.00

CR

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM \$ 26,520.00

THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR ACCOUNT IS 100.000 %

THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS \$199 TO A MAXIMUM BENEFIT AMOUNT OF.. \$ 5174

The maximum charges for each week benefits are paid
will be \$ 199.00.

TO SUBMIT FACTS AFFECTING THE CLAIMANT'S ELIGIBILITY, SUPPLY INFORMATION BELOW AND MAIL TO THE ADDRESS IN THE UPPER LEFT CORNER.

The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME _____ DATE _____

SIGNATURE _____ PHONE NUMBER () _____



STATE OF
WASHINGTON

Important Benefit-Related Notice

EMS 166 (REV. 06/95) 7540-032-023
0096

EMPLOYMENT SECURITY DEPARTMENT

NOTICE TO BASE YEAR EMPLOYER

ES Reference No. 970424 00 3

Date Mailed 10/09/95

Unified Bus. Ident.

AIRFORCE DEPT OF THE

WASHINGTON DC 20330-0001

RELIEF OF CHARGES- You may be eligible for relief of charges to your experience rating if separation from employment for any listed individual was: (1) a voluntary quit for reasons not attributed to the employer; (2) a discharge for misconduct connected with the work; (3) a direct result of a catastrophe such as fire, flood or other natural disaster; or (4) if the individual continues to be employed by you on a regular, permanent, part-time basis, and if that individual was concurrently employed and subsequently separated from one or more other base year employers.

— If you think you qualify for relief of charges, send a written request to the address shown below. It must be received or postmarked within 30 days of the date your first notice was mailed. See attached instructions.

PROTEST OF ELIGIBILITY- See attached instructions.

Important: The listed individual(s) have applied for unemployment insurance benefits.

(The enclosure also explains items 1 through 8)

1. APPLICANT'S NAME AND SOCIAL SECURITY NUMBER	2. JOB SERVICE CENTER NUMBER & APPLICATION DATE	3. WBA MBP	4. BASE YEAR QUARTERS	5. HOURS AND WAGES REPORTED BY YOUR FIRM	6. TOTAL REPORTED BY ALL EMPLOYERS	7. YOUR % OF BASE YEAR WAGES	8. CODES
Doe, John 111-11-1111	530 07/30/95	227 6810	2/94 1/95	2024 20,820.66	20,820.66	100.00	2

Employment Security Department
Experience Rating Unit
P.O. Box 9046
Olympia, WA 98507-9046
(360) 902-9670
FAX (360) 902-9660

If the above information is incorrect or if this individual was not your employ, please write to the address shown at left as soon as possible.

Figure 850-6-2. Monetary Determination - Notice to Base Year Employer

850-B-16

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF EMPLOYMENT SECURITY**

3 PLAZA DRIVE
P.O. BOX 457

DOVER

NH 03820-0457

DETERMINATION ON CLAIM FOR UNEMPLOYMENT BENEFITS FILED BY:

CLAIMANT NAME: Doe, John

SSN: 111-11-1111

U S NAVY (CIVILIAN)

DOCUMENT #: 001

BENEFITS YEAR ENDS
03/30/96

WEEKLY BENEFIT AMOUNT: \$83.00 POTENTIAL MAXIMUM BENEFITS: \$2,158.00

YOU BECAME UNEMPLOYED ON 07/29/94.

IF YOU MEET THE ELIGIBILITY REQUIREMENTS, YOU WILL RECEIVE BENEFITS FOR THE WEEK
ENDING 10/07/95 AND FOR UP TO 25 WEEKS IN THIS BENEFIT YEAR FOR WHICH PROPER AND
TIMELY CLAIMS ARE FILED.

ACCT#	EMPLOYER	TYPE	CHARGE AMT	ANNUAL EARNINGS FOR QUARTERS ENDING				TOTAL
				03/31/94	06/30/94	09/30/94	12/31/94	
0049213	COCA COLA BOTTLING CO. OF	MRE	83.00	0.00	0.00	0.00	0.00	0.00
0023101	IAFOLLA, JOHN COMPANY, INC.	BPE	0.00	0.00	0.00	3,347.59	4,290.49	7,638.08
0031423	U S NAVY (CIVILIAN)	SEP	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS:				0.00	0.00	3,347.59	4,290.49	7,638.08

BPE = BASE PERIOD EMPLOYER CHG = CHARGEABLE EMPLOYER LEU = LAST EMPLOYING UNIT
MRE = MOST RECENT EMPLOYER SEP = SEPARATING EMPLOYER

APPEAL RIGHTS FOR CLAIMANTS AND EMPLOYERS

You may appeal this determination by FILING an appeal in writing to an Appeal Tribunal. Your appeal MUST be received in an office of the Department or, if mailed, postmarked WITHIN 14 CALENDAR DAYS from the date this determination was mailed,

BUT NOT LATER THAN THE CLOSE OF BUSINESS ON

11/01/95

For assistance or additional information related to Appeals, contact the above Local Office or refer to your Rights and Obligations pamphlet.
DETERMINATION BY: CONSTANCE JACQUES DATED MAILED: 10/18/95

Help Line TDD Relay 1-800-735-2964
Figure 850-7. Notice of Benefit Charges

NHUS1016
R 03/93

850-B-17

NOTICE OF DETERMINATION

UI-492	COMMONWEALTH OF KENTUCKY	SSN:	111-11-1111
(REV. 12/94)	WORKFORCE DEVELOPMENT CABINET	EFFECTIVE DATE:	11/05/1995
PAGE 1 OF 1	DEPARTMENT FOR EMPLOYMENT SERVICES	BYE:	11/02/1996
	DIVISION OF UNEMPLOYMENT INSURANCE	LOCAL OFFICE:	SS
CLAIM: UI	PO BOX 90003	DATE MAILED:	11/22/1995
B	BOWLING GREEN KY 42102-9003		

Department of Defense

Jane Doe
BRYANT WAY APT D
BOWLING GREEN KY 42103-7102

ISSUE(S): VOLUNTARY QUIT
DATE(S): (07/19/95)

STATUTORY REFERENCE(S) WHICH APPLY TO THE ABOVE ISSUE(S): KRS 341.370(1)(C)

FINDINGS:

IN ACCORDANCE WITH THE STATUTE, BENEFITS MAY BE PAYABLE FOR VOLUNTARILY LEAVING WORK WITH GOOD CAUSE ATTRIBUTABLE TO THE EMPLOYMENT. CLAIMANT VOLUNTARILY QUIT WHEN HER HUSBAND WAS TRANSFERRED TO THE UNITED STATES. CLAIMANT HAD NO CONTROL OVER THE TERMINATION OF HER WORK AS SHE COULD NOT HAVE REMAINED IN THE COUNTRY WHEN THE MILITARY RELOCATED HER HUSBAND. THEREFORE CLAIMANT IS SEPARATED UNDER NONDISQUALIFYING CIRCUMSTANCES.

RULINGS:

THE CLAIMANT IS ALLOWED BENEFITS BASED ON THIS DETERMINATION.

THE EMPLOYER: IN ACCORDANCE WITH KRS 341.530(2)(3), BENEFITS PAID MUST BE REIMBURSED BY THIS EMPLOYER.

APPEAL RIGHTS

EITHER THE CLAIMANT OR EMPLOYER MAY APPEAL THIS DETERMINATION TO THE REFEREE. THE APPEAL MUST BE IN WRITING, CLEARLY INDICATING YOUR INTENTION TO AND REASON FOR APPEAL, AND DELIVERED TO A REPRESENTATIVE OF THE DIVISION, OR MAILED AND POSTMARKED BY 12/07/95. (IF APPEALED BY MAIL, INCLUDE YOUR NAME AND SOCIAL SECURITY NUMBER.) IF THE OFFICE IS LEGALLY CLOSED ON THIS DATE, YOU HAVE UNTIL THE NEXT BUSINESS DAY TO FILE THE APPEAL. KRS 341.420(2) AND 787 KAR 1:110

SPECIAL NOTICE TO THE CLAIMANT: WHILE YOUR CLAIM IS IN THE PROCESS OF APPEAL, YOU MUST CONTINUE TO CLAIM BENEFITS AS DIRECTED BY YOUR LOCAL OFFICE. IF THE DECISION IS IN YOUR FAVOR, YOU WILL ONLY BE PAID BENEFITS THAT ARE PROPERLY CLAIMED AND FOR WHICH YOU ARE OTHERWISE ELIGIBLE.

SIGNED

CAROLE

STEEN

Figure 850-8-1. Nonmonetary Determination (Separation - Voluntary Quit)

Maine Department of Labor
Separation Decision and Charge Notice

JAN 28 1997

Doe, Jane

SOC SEC NUM NAVY
000-00-0000
BENEFIT YEAR
01/04/98

009242300

FINDINGS OF FACT:

CLAIMANT WAS LAID OFF DUE TO LACK OF WORK ON 09/30/96.

REASONING:

CHAPTER 11 OF THE COMMISSION RULES PROVIDES IN PART THAT DETERMINATIONS THAT SEPARATION WAS DUE TO LACK OF WORK SHALL BE IN WRITING AND SHALL BE SENT TO THE CLAIMANT AND THE CLAIMANT'S MOST RECENT EMPLOYER. THIS IS THE CLAIMANT'S AND EMPLOYER'S NOTICE THAT SEPARATION WAS DUE TO LACK OF WORK.

Notice of Potential Benefit Charge

Employer: AS A DIRECT REIMBURSEMENT EMPLOYER, YOU WILL BE ASSESSED YOUR PROPORTIONATE SHARE OF BENEFITS PAID.

Appeals Information

This Decision dated and mailed 01-23-97
Decision becomes final unless appealed on or before 02-07-97

If you have any questions about this decision, inquire at your local employment office promptly. If you believe this decision is not in accordance with the facts or pertinent sections of law, you may file an appeal.

Appeals may be filed by visiting the local office in person or by writing a letter to the local office stating your desire to appeal. The date of your visit to the office or the postmark date of your letter will be used to establish the date of your appeal.

Appeals must be filed within 15 days of the date the decision was mailed. The date mailed and final date are shown above. If your appeal is not filed within 15 days, an additional 15 days may be allowed if you have good cause for the late filing.

THIS DECISION RENDERED UNDER SECTIONS 1193 AND 1221 OF THE MAINE EMPLOYMENT SECURITY LAW AND CHAPTER 11 OF THE COMMISSION RULES.

STATE OF COLORADO
DEPARTMENT OF LABOR AND EMPLOYMENT
P.O. BOX 8988
DENVER, COLORADO 80201-8988

Department of the Army

Claimant's Social Security Number	Date Mailed
111-11-1111	10/17/95
Employer Account Number	Benefit Year Ending Date
252422007	09/14/96
Employer Charging Information	Deputy ID
	0336
	Issue ID
	04

Doe, John
PO BOX 602
PLUMMER ID 83851

NOTICE OF DECISION

LEGAL CITATION: COLORADO EMPLOYMENT SECURITY ACT
8-73-110 (3) (A)

DECISION:

YOU ARE RECEIVING \$ 300.00 EACH WEEK AS A PENSION, RETIREMENT OR SIMILAR PERIODIC PAYMENT FROM A BASE PERIOD EMPLOYER. THIS EQUALS OR EXCEEDS YOUR WEEKLY BENEFIT AMOUNT. THEREFORE, YOU ARE NOT ELIGIBLE FOR A BENEFIT PAYMENT FOR ANY WEEK YOU RECEIVE SUCH PAYMENT. NO PAYMENTS WILL BE MADE UNTIL ALL DISQUALIFYING ISSUES ARE RESOLVED.

YOUR CLAIM IS DISALLOWED FROM 09/17/95 TO 09/14/96.

THIS DECISION BECOMES FINAL UNLESS A WRITTEN APPEAL IS FILED WITHIN FIFTEEN (15) CALENDAR DAYS FROM THE "DATE MAILED" ABOVE. IF YOU FILE AN APPEAL ON THIS DECISION, CONTINUE TO MAIL YOUR CLAIM FORMS AS INSTRUCTED WHILE THE APPEAL IS BEING PROCESSED.

Figure 850-9-1. Nonmonetary Determination (Wages - Pension)

850-B-20

Maine Department Of Labor
BUREAU OF EMPLOYMENT SECURITY

DEPUTY'S DECISION

Employer Copy

Doe, Jane MT DESERT DR BANGOR 04401 0000 ME	Social Security No 111-11-1111		Program UI-REG
	Benefit Year Ending 12-24-95	Report Code 02-90	WBA \$ 54.00
	Continued Claim for week(s) ending 10-07-95		Dec No 11

FINDINGS OF FACT:

The claimant is entitled to receive, is receiving, or has received vacation pay in the amount of \$ 280.00 that applies to the week ending 10/07/95.

REASONING:

Section 1193,5 of the Maine Employment Security Law provides that an individual shall be disqualified for benefits for any week with respect to which he is receiving, is entitled to receive or has received remuneration in the form of dismissal wages, wages in lieu of notice, terminal pay, vacation pay or holiday pay. If the remuneration is less than the benefits which would otherwise be due, then he shall be entitled to receive benefits reduced by the amount of the remuneration, rounded to the nearest lower full dollar amount.

CONCLUSION:

The claimant is entitled to vacation pay that applies to the week ending 10/07/95 which is in excess of his weekly benefit amount. He is disqualified from receiving benefits from 10/01/95 to 10/07/95.

Claimant's Attachment: Me. BD-2.17

NOTE the time limit governing appeals (See next page for important instructions)	Dated and Mailed 10-17-95
This decision becomes final unless appealed on or before 11-01-95	
An additional 15 days to appeal may be allowed for good cause	

This decision was determined under Sections
AIR FORCE, DEPARTMENT OF THE 1193,5 of Maine Law

BUREAU OF EMPLOYMENT SECURITY

Figure 850-9-2. Nonmonetary Determination (Wages - Vacation Pay)

850-B-21

NOTICE OF RECEIPT OF APPEAL

State of New Jersey
Department of Labor
Division of Programs
CN 936
Labor Building
Trenton, New Jersey 08625-0936
APPEAL TRIBUNAL
IN THE MATTER OF:

SS#:
Docket No.: 95-A-27963-000-X0
LO: 999 PC: 20
DOC: 95/07/23
Appellant: Claimant
Mailing Date: 10/19/95

John Doe

Department of Defense

The appellant's communication has been received and is under consideration by the Appeal Tribunal as an appeal from an agency determination.

All interested parties will be advised of whatever action is taken in this matter at the earliest possible date.

Mary Sieber
Chief Appeals Examiner
Appeal Tribunal

NOTE TO THE CLAIMANT: If you are claiming Unemployment Compensation, you should continue to report as required by the local unemployment insurance claims office as long as you are unemployed and believe you are eligible to receive benefits. **PLEASE NOTIFY THE APPEAL TRIBUNAL, IN WRITING, AT THE ADDRESS ABOVE IF YOU:** 1) change your mailing address, 2) plan on bringing legal or other representation to the hearing, or 3) require subpoenas.

NOTE TO EMPLOYER: If you plan on bringing legal or other representation to the hearing, please notify the Appeal Tribunal, in writing, at the above address.

IMPORTANT: All correspondence should include the claimant's social security number and/or the docket number listed above.

LA DEPARTMENT OF LABOR
APPEALS UNIT
POST OFFICE BOX 94094
BATON ROUGE LA 70804-9094

FEB 11 1997

000123
US ARMY

ALJ

**NOTICE TO APPEAR FOR HEARING
BEFORE**

ADMINISTRATIVE LAW JUDGE PRENTISS STEVENS, JR
POST OFFICE BOX 94094
BATON ROUGE LA 70804-9094

**LOUISIANA DEPARTMENT OF LABOR
OFFICE OF EMPLOYMENT SECURITY**

FAX: (504) 342-4223
TELEPHONE: 1-800-256-8023 OR (504) 342-2807

02-07-97

CLAIMANT: Doe, John

EMPLOYER: US ARMY

SOCIAL SECURITY NO.: 111-11-1111

DOCKET NO: H00042AT1997

APPEALED BY: ☒ CLAIMANT ☐ EMPLOYER

APPEAL REFERENCE NUMBER: 00042

DATE OF HEARING: WEDNESDAY, FEBRUARY 19, 1997

TIME: 9:00 A.M.

PLACE OF HEARING: OFFICE OF EMPLOYMENT SECURITY
1711 NASHVILLE AVENUE
HAMMOND LA

IN DETERMINING ELIGIBILITY FOR UNEMPLOYMENT INSURANCE BENEFITS, THE ISSUE(S) BEFORE THE JUDGE IS (ARE) THE CORRECTNESS OF THE FOLLOWING:

Whether the employee was discharged due to misconduct

****IMPORTANT****

BRING THIS NOTICE WITH YOU AND REPORT DIRECTLY TO THE RECEPTION COUNTER.
DO NOT STAND IN LINE.

* * * ADDITIONAL INSTRUCTIONS ON BACK - READ CAREFULLY * * *

Figure 850-11. Notice of Hearing

850-B-23

READ THESE INSTRUCTIONS CAREFULLY

This hearing shall be conducted by an impartial Administrative Law Judge and shall be recorded for further review in the event that the Judge's decision is appealed. All testimony will be taken under oath or affirmation. Hearings shall be scheduled to be conducted by telephone when any party is 50 miles or more from the hearing site in order to save time and to allow parties to participate in the same hearing where it would not be practical for them to travel to a common hearing location. All other hearings shall be conducted in person at the stated location of the Employment Security Office.

HEARING PROCEDURES

All parties are expected to appear at the stated hearing location no later than the scheduled starting time shown on the notice of hearing. In the case of an in-person hearing, the names of the parties will be called in the waiting room of the Employment Security Office. When a telephone hearing has been scheduled for any or all parties, the Judge shall telephone the party/parties at the scheduled hearing time. If the appealing party fails to appear at an in-person hearing within (15) minutes after the scheduled hearing time OR fails to be available to receive the call at the scheduled hearing time of a telephone hearing, the Judge shall NOT proceed with a hearing and shall instead order the appealing party in default and dismiss the appeal. If any other party fails to appear at an in-person hearing at the scheduled hearing time or fails to be available to receive the call at the scheduled hearing time of a telephone hearing, the Judge shall proceed to conduct the hearing without such party and make a decision without such party's testimony or evidence. REMEMBER THAT THE TIME SHOWN ON THE HEARING NOTICE IS LOUISIANA TIME (CENTRAL TIME ZONE).

REPRESENTATIVES

You may be represented by an attorney or have witnesses at the hearing. The burden of proof in a voluntary leaving issue rests upon the claimant. The burden of proof in a discharge case rests upon the employer. The party upon whom the burden of proof lies must decide if it is necessary to have witnesses available to prove their case. For instance, an unsworn statement is not sufficient to rebut sworn testimony. The hearing officer will not, on his or her own motion, mandate that a party either have legal representation or produce witnesses. It is your responsibility to notify the Appeals Tribunal and have your representatives and/or witnesses at the number at which you will be called or with you at an in-person hearing. FEES FOR REPRESENTATION MUST BE APPROVED BY THE ADMINISTRATOR OF THE LOUISIANA DEPARTMENT OF LABOR.

SUBPOENAS

Witnesses who are reluctant to appear for the hearing at your request may be subpoenaed by the Judge. Requests for subpoenas must be submitted in writing and shall contain the name and home address of the witness and a specific statement of what is intended to be proven by his or her testimony. Such requests must be received at least 72 hours before the time of the scheduled hearing, excluding holidays and weekends.

EXHIBITS

Exhibits (written documents) which you want included in the hearing should be mailed as soon as possible to the Judge or brought with you to an in-person hearing. In matters involving health, a doctor's certificate should be sent to the Judge. Do not bring or mail the Judge a statement of your case. During the hearing you may refer to notes, but you will not be allowed to read your testimony.

WITHDRAWAL

The appellant may withdraw the appeal by sending a written request to the Judge prior to the time of the scheduled hearing.

POSTPONEMENTS

If either party or his representative or witness is unable to attend the hearing (or be available for a telephone hearing), the party may request a postponement or continuance of the hearing. The request for postponement shall be submitted to the Administrative Law Judge and should provide a showing of good cause in writing. Any request for postponement or continuance received by the Administrative Law Judge after the hearing decision is mailed shall be denied.

During a telephone hearing, remember that the equipment being used does not permit more than one person to speak at a time. If the connection is broken and you are cut off, hang up your telephone and the Judge will call you back. Be prepared to present all testimony and evidence at the hearing as the Judge cannot accept additional evidence after the hearing is closed unless good cause is shown to reopen the hearing.

IF YOU NEED ADDITIONAL INFORMATION, CONTACT THE NEAREST APPEALS TRIBUNAL.

Figure 850-11. Notice of Hearing, continued

SAMPLE QUESTIONS FOR APPEAL HEARINGS

Discharge Situations - General Questions

For the employer's witnesses:

What was the final incident that resulted in the discharge?
What was the rule or policy that was violated or not followed by the employee?
How was the employee notified of this policy?
Was the policy consistently enforced in the office?
Was the employee aware that he or she could be discharged for violating the policy?
How was the employee informed that he or she could be discharged? (For example, if the employee had previously been suspended, the Notice of Suspension should have indicated that further misconduct could result in additional disciplinary action up to and including removal).
Had the employee received any warnings (written or verbal), letters of reprimand, or suspension concerning the policy in question?

For the employee:

Were you aware of the specific policy that resulted in your discharge?
Were you aware that you could be discharged for violation of this policy?
Had you received any warnings about your conduct?

Discharge Situations - Specific Questions

Absent Without Official Leave (AWOL)

For the employer's witnesses:

What dates was the employee charged with being AWOL?
Did the employee call in to request leave on those days?
If so, was leave approved? If leave was not approved, why wasn't it approved?
What is the office policy about calling in?
Was the employee required to call in to request leave from a specific person?
Was the employee aware of the policy?
How would the employee have been aware of the policy? Was the employee verbally informed of the policy or was the policy in writing?
If the leave approving official was not available, was a procedure in place for the employee to call an alternate person?

For the employee:

Were you absent from work on the days specified?
Why were you absent on those days?
Were you required to call in to request leave when you were absent?
Did you call in on those days?
If you didn't why didn't you?
If you did call do you know why your leave wasn't approved?
Did you report to work after you were informed that your leave would not be approved?
Were you aware that you were required to call in and request leave from a certain person?
Had you previously received any warnings about your attendance?
Were you aware that you could be discharged if you continued to be AWOL?

Falsification of Application for Employment:

For the employer's witnesses:

What document was falsified?
How was the application falsified?
When did the employer become aware that the application for employment had been falsified?
What information was provided by the employee on the application?
How was it discovered that this information was not correct?
What action was taken when it was discovered the application had been falsified?
Was the employee aware that he or she could be discharged for falsifying an application for employment?
How would the employee have been aware of this?

For the employee:

Were you aware that you could be discharged for providing false information on your application for employment?
Did you read the certification on the application that indicates action could be taken against you for providing false information on your application?

Voluntary Quit Situations - General Questions

For the employer's witnesses:

Did the employee provide any notice that he or she was resigning?
What reason did the employee provide as the reason for resignation?
Had the employee notified his or her supervisor of this reason prior to resigning?
Did the employee provide the employer with an opportunity to change the conditions of employment (for example, work hours or location of position) prior to resigning?
Did the employee pursue all available alternatives prior to resigning?
Did the employee request a leave of absence prior to resigning?
Did the employee request a transfer?
Did the employee file a grievance, EEO, or discrimination complaint?
Did the employee discuss the problem with his or her supervisor?
If the problem was with the supervisor, did the employee discuss the problem with the second level supervisor or the personnel specialist?
What were the conditions of employment under which the employee was hired?
Had there been any change in the conditions?
How would the employee have been aware of the conditions? (For example, position description, vacancy announcement, verbally told during the interview).
Was the employee told his or her position was going to be terminated?
If the employee had not resigned, would there have been continuing work available?

For the employee:

What was the reason you gave for resigning?
Did you inform your supervisor or personnel specialist of this reason prior to resigning?
Did you provide any notice that you were going to resign?
Did you request a leave of absence or transfer prior to resigning?
Did you pursue any rights available to you such as filing a grievance or EEO complaint?
Were you aware of the conditions of employment at the time you were hired?
Had there been any change in the conditions of your employment?
Had your employer indicated your position was going to be terminated?
Could you have continued to work if you had not resigned?
How long could you have continued to work if you had not resigned?

Voluntary Quit Situations - Specific Questions

Voluntary Separation Incentive Payment (VSIP)

For employer's witnesses:

When did the employee first indicate that he or she was interested in applying for a VSIP?

What information was contained in the application for the VSIP?

When was the application submitted?

Had the employee been informed that he or she was going to be terminated if they did not voluntarily separate to accept the VSIP?

Was a reduction in force (RIF) going to be put into effect?

How would a RIF have affected the employee's employment?

Did the employee have retention rights if a RIF was put in place?

If so, what were the retention rights?

Could the employee have continued to work if he or she did not voluntarily separate to accept the VSIP?

If so, how long could the employee have continued to work?

If the employee was going to be separated due to a RIF, how much would the individual have been eligible to receive in severance payment?

Would this amount have been equal to or greater than the amount of the VSIP?

For the employee:

What was the reason you gave for separating?

Were you told that your position was going to be terminated?

If so, when would the termination have been effective?

Could you have continued to work until then?

Why did you decide to resign or retire?

Could you have continued to work if you had not opted to voluntarily separate from your position?

STATE OF MINNESOTA
DEPARTMENT OF ECONOMIC SECURITY
JOB SERVICE AND REEMPLOYMENT INSURANCE DIVISION
390 North Robert Street, St. Paul, Minnesota 55101

APPEAL NO. 8826 UC 95

NOTICE OF FINDINGS OF FACT AND DECISION

In the Matter of the Claim of

Claimant:

Jane Doe
SO 8TH ST APT 16
MURPHYSBORO IL 62966

Social Security Account No. 111-11-1111
Claim Date (AO 17) 9-03-1995
Determination Date 10-13-1995
Appeal Date 10-19-1995
Appellant Claimant

Employer:

Employer Account No. 9900085422

ARMY APPROPRIATED FUNDS-USAFAC

Decision filed and mailed: **NOV 14 1995**

NOTICE OF DECISION AND RIGHT OF APPEAL

The following decision affirms the determination under appeal. IT WILL BE FINAL UNLESS YOU APPEAL IN WRITING WITHIN 30 DAYS FROM THE DATE ABOVE THAT SHOWS WHEN THE DECISION WAS FILED AND MAILED. You may appeal in person at an office of the Department of Economic Security. You may also appeal by mail sent to: Minnesota Department of Economic Security, Commissioner Appeal, PO Box 1691, St. Paul, MN 55101. The filing date is the day you appeal in person or the postmark date of the Postal Service. BE SURE TO PUT THE APPEAL NUMBER ON ANY LETTERS ABOUT THIS DECISION.

The appeal of the claimant was scheduled for hearing on November 7, 1995 by telephone. The claimant did not answer at the telephone number listed for her. The claimant did not provide any other number where she could be reached. There was no participation by the employer. This decision is issued based on a review of the file.

ISSUE(S): Whether the claimant quit this job with good cause attributable to the employer.

FINDINGS OF FACT: (1) The claimant worked for the above-named employer from March 22, 1993 through September 2, 1995. The claimant worked as an office automation clerk. She was paid a final wage rate of \$7.35 per hour for full-time employment.

(2) Effective September 2, 1995 the claimant voluntarily separated from her employment in order to relocate from Minnesota to Illinois.

(3) The claimant found her living arrangement in Minnesota stressful. The claimant could not afford to live in Minnesota by herself. Therefore, she relocated to Illinois where she could live with a friend.

(4) On October 13, 1995 the department determined that the claimant voluntarily separated from her employment without good cause attributable to the employer, and she was disqualified from receiving benefits. On October 19, 1995 the claimant appealed the determination.

REASONS FOR DECISION: The Minnesota economic security law at Section 268.09, Subdivision 1, in part provides that:

"An individual separated from any employment under paragraph (a), . . . shall be disqualified for waiting week credit and benefits. For separations under paragraphs (a) . . . the disqualification shall continue until four calendar weeks have elapsed following the individual's separation and the individual has earned eight times the individual's weekly benefit amount in insured work.

(a) The individual voluntarily and without good cause attributable to the employer discontinued employment with such employer. . . ."

A claimant who has voluntarily left work must show that the separation was for good cause attributable to the employer. If this is not done, that claimant will be disqualified. "Good cause attributable to the employer" is found when the employer violated the employment relationship in a substantial way, or otherwise treated the claimant unreasonably.

The record does not show that the employer treated the claimant wrongly, or unreasonably. There is no proof that the employer failed in any duty it owed to the claimant. The claimant has not shown good cause attributable to the employer for the voluntary separation from work.

The claimant may have shown good personal cause for leaving this employment. However, the statute provides for the payment of reemployment insurance only if there is good cause "attributable to the employer." In the present case, the claimant's reasons for leaving employment were not attributable to the employer.

DECISION: On September 2, 1995 the claimant quit this job without good cause attributable to the employer. The claimant is disqualified until (1) the claimant has earned eight times the weekly benefit amount in insured work; and (2) four calendar weeks have gone by after the separation. Benefits paid, if any, to the claimant shall be reimbursed to the fund. Title V, Chapter 85, Section 8505 of the U.S. Code requires Federal reimbursement for benefits paid based on Federal wages.

Richard Mandell
Reemployment Insurance Judge

mc

Please Note: All questions regarding benefit payments should be directed to the office servicing your claim.

Angus S. King, Jr.
Governor



FEB 07 1997

Unemployment Insurance Commission
John B. Wlodkowski, Chairman
Marvin W. Ewing, Labor Representative
James A. Hilly, Employer Representative

MAINE DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE COMMISSION

175 Lancaster Street, Room 220, P.O. Box 856
Portland, Maine 04104-0856
Telephone (207) 822-0200 FAX (207) 822-0205

COMMISSION DECISION

97-C-00451

No. _____

John Doe
P. O. Box
Portland, ME 00000

Claimant's Name and Address
000-00-0000

S.S. No. _____

FINDINGS OF FACT:

This case comes before the Commission as a result of the claimant's request for reconsideration of Commission Decision No. 96-C-08723, which affirmed and adopted Administrative Hearing Officer Decision No. 96-A-08192, disqualified the claimant for benefits, and established an overpayment to his benefit account in the amount of \$1,661. The Commission has reviewed the record in this case and determines that further hearing is not warranted. Further, the Commission has voted to affirm the prior decision in this case. Any further appeal on your part must be commenced in the Superior Court of Kennebec County, Cumberland County, or the county in which one or more of the petitioners reside or have their principal place of business.

Pursuant to 26 M.R.S.A. Section 1051(5), a waiver of the overpayment may be requested by the claimant in accordance with the procedures stated in the attached memorandum.

United States Navy
Bldg 5912
Portsmouth Naval Shipyard
Portsmouth, NH 03804-5000

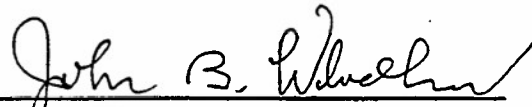
Employer's Name and Address


IMPORTANT:


FEB 5 1997

This decision mailed on _____
Please read the attached notice which specifies your appeal rights under the Law of this decision. If you have any questions concerning this decision, contact your local employment office.

Dated at Portland, Maine, this 5th day of February, A. D., 1997.


John B. Wlodkowski, Chairman


Marvin W. Ewing, Commissioner


James A. Hilly, Commissioner

Copies mailed to:
Claimant
Employer
Deputy

rc

Unemployment Insurance Commission
Post Office Box 856
175 Lancaster Street
Portland, Maine 04104-0856

NOTICE OF APPEAL RIGHTS

MAILING DATE ~~FEB~~ 5 1997

Any interested party who has not previously requested reconsideration in this matter, may request the Commission to reconsider its decision in a case, only if such request for reconsideration is filed with the Commission within ten (10) days of receipt of the original decision. Such request must specify the reason(s) for reconsideration. Otherwise, the decision of the Commission will become final.

Unless an interested party appears at the Division of Administrative Hearings hearing or the Commission hearing, if one was held, he/she may not request reconsideration of the Commission decision, unless such nonappearance was for good cause recognized by the Commission.

If no reconsideration is requested in a timely fashion or if the request for reconsideration is denied, any party aggrieved thereby may within thirty (30) days of receipt of the Commission decision, appeal by filing a petition for review of the decision of the Commission **DIRECTLY TO THE SUPERIOR COURT OF KENNEBEC COUNTY, CUMBERLAND COUNTY, OR THE COUNTY** in which one or more of the petitioners reside or have their principal place of business.

Copies of the petition for review filed in Superior Court shall be served by certified mail, return receipt requested upon the Unemployment Insurance Commission, all parties to the agency proceedings and the Attorney General.

NOTICE TO CLAIMANT

If an appeal is filed, you should continue to file claims each week you are still unemployed. If an appeals decision awards you benefits, you can be paid ONLY for the weeks for which you filed timely claims. If you stop filing claims and then, after you receive your appeals decision, you want to file claims for the weeks you missed, such claims are generally considered not timely and, therefore, are not payable.

APPR1196.WPD

Figure 850-14. Second-Level Appeal Decision, continued

850-B-33

000122-R

STATEMENT OF BENEFIT CHAR
STATE OF WASHINGTON
EMPLOYMENT SECURITY DEPARTMENT

11/25/96

OCT 18 1996

THIS IS NOT A BILL

UNIFIED BUSINESS IDENTIFIER
601 137 151 000

A Defense Agency

REFERENCE NO DTD
97 0 2 050
|-----|----|
MAILING QUARTER
DATE ENDING DATE
|-----|-----|
10/14/96 09/30/96

CLAIMANT SN NUMBER	CLAIMANT NAME	BASE YEAR BEGINS	ENT CD	TOTAL BENEFIT PYMTS	ACCOUNT CHARGE OR CREDIT
-----	-----	-----	---	-----	-----
	LOAR C:	04/01/94		93-	93.00-
	KATRAS R'	04/01/95		1,786	1,267.70
	FINO L	01/01/95		2,296	2,296.00
	CONRAD K	04/01/95		1,825	1,825.00
	BATTISTA J	01/01/95		2,800	2,800.00
	CATES M	04/01/94		1,021	1,021.00
	CRAFT S:	04/01/94		1,052	1,052.00
	MCATEER C	01/01/95		0	214.00-
	LESHKEVICH J:	04/01/95		434	284.27
	MORGAN R	01/01/95		4,200	4,200.00
	RODARMEL C:	01/01/95		3,766	3,766.00
	SPRING C:	07/01/94		0	8,050.00-
	SMITH M	04/01/95		346	310.20
	GREEN S	10/01/94		3,640	3,640.00
	ZAND G	07/01/94		994	994.00
	CORPUZ M	10/01/94		2,989	2,989.00
	FORNEY A	04/01/95		1,104	1,104.00

Figure 850-15. Quarterly Detail of UCFE Charges

850-B-34

U.S. DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION
WASHINGTON, D.C. 20210

ORIGINAL

***** INVOICE:

STATEMENT OF EXPENDITURES OF FEDERAL FUNDS FOR REIMBURSABLE
UNEMPLOYMENT COMPENSATION BENEFITS PAID TO UCFE CLAIMANTS

AGENCY CODE:
INITIAL BILLING

(Civilian), Department of the

QTR: Oct/Nov/Dec
FY: 1997

STATE	BENEFITS PAID	STATE	BENEFITS PAID
1 ALABAMA	\$25,743.00	28 NEBRASKA	\$8,584.00
2 ALASKA	\$106,417.00	29 NEVADA	\$24,236.00
3 ARIZONA	\$25,991.00	30 NEW HAMPSHIRE	-\$40.00
4 ARKANSAS	INA	31 NEW JERSEY	INA
5 CALIFORNIA	\$359,422.00	32 NEW MEXICO	\$29,115.00
6 COLORADO	\$43,124.00	33 NEW YORK	\$65,073.00
7 CONNECTICUT	\$20,179.00	34 NORTH CAROLINA	INA
8 DELAWARE	\$19,983.00	35 NORTH DAKOTA	\$27,138.00
9 DISTRICT OF COL	\$36,000.00	36 OHIO	\$172,805.00
10 FLORIDA	\$81,009.00	37 OKLAHOMA	\$49,912.00
11 GEORGIA	\$120,435.00	38 OREGON	INA
12 HAWAII	\$102,092.00	39 PENNSYLVANIA	\$74,349.00
13 IDAHO	\$15,099.00	40 PUERTO RICO	\$1,898.00
14 ILLINOIS	\$59,225.00	41 RHODE ISLAND	\$13,323.00
15 INDIANA	\$3,505.00	42 SOUTH CAROLINA	\$10,509.00
16 IOWA	\$4,590.00	43 SOUTH DAKOTA	\$6,069.00
17 KANSAS	\$29,242.00	44 TENNESSEE	\$23,780.00
18 KENTUCKY	\$8,317.00	45 TEXAS	\$427,529.00
19 LOUISIANA	\$11,255.00	46 UTAH	\$56,509.00
20 MAINE	\$26.00	47 VERMONT	\$8,799.00
21 MARYLAND	\$29,941.00	48 VIRGIN ISLANDS	0
22 MASSACHUSETTS	\$51,952.00	49 VIRGINIA	\$29,014.00
23 MICHIGAN	\$27,279.00	50 WASHINGTON	\$50,025.00
24 MINNESOTA	\$11,015.00	51 WEST VIRGINIA	\$990.00
25 MISSISSIPPI	\$37,507.00	52 WISCONSIN	\$3,588.00
26 MISSOURI	\$16,460.00	53 WYOMING	\$5,306.00
27 MONTANA	\$18,078.00		

1/TOTAL BENEFITS PAID SHOWN ABOVE

\$2,352,397.00

CERTIFICATION - I HEREBY CERTIFY THAT THE AMOUNT OF EXPENDITURES SET
FORTH HEREIN WAS FOR THE PAYMENT OF UNEMPLOYMENT
COMPENSATION TO UCFE CLAIMANTS.

SIGNATURE AND TITLE: GRACE A. KILBANE, DIRECTOR
UNEMPLOYMENT INSURANCE SERVICE

DATE: 02/20/97

1/ THE FEDERAL EMPLOYEES COMPENSATION (FEC) ACCOUNT SHOULD BE REIMBURSED
IN THIS AMOUNT WITHIN 30 DAYS OF THE CERTIFICATION DATE.

NOTE: INA APPLIES TO THOSE STATES FOR WHICH CHARGES HAVE NOT BEEN REPORTED
TO THE DEPARTMENT OF LABOR.

Figure 850-16. Statement of Expenditures of Federal Funds for Reimbursable
Unemployment Compensation Benefits Paid to UCFE Claimants

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
Division of Employment Security
Bureau of Unemployment Compensation
Request for Separation Information for
Additional Claim - UCCE

Local Office

Pensacola

Date A/C Filed

10/22/95

New Claim Filed

2/5/95

Date of Request

10/25/95

SECTION I. IDENTIFICATION DATA

1. NAME (Last, First, Middle; Maiden, if any) Doe, Jane	2. SOCIAL SECURITY NUMBER(S) 111-11-1111	3. DATE OF BIRTH 8/10/50
4. POSITION TITLE Supervisor	5. PLACE OF EMPLOYMENT (City, State or Country) Pensacola, Florida	
6. a. Is payroll office address based on SF-8? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. If "No," does claimant state he received SF-8? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Claimant states he was: a. <input checked="" type="checkbox"/> regular full-time employee b. <input type="checkbox"/> intermittent or part-time employee	
8. The above claimant has reopened his current claim for unemployment compensation. He has indicated he worked for your agency during the following period:		From 3/13/95 To 10/20/95

SECTION II. FEDERAL AGENCY REPLY

INSTRUCTIONS: Federal Agency to complete Section II and III and return original within four days. (Use reverse side for mailing in window envelope, fold to "Return" address.)

1. FEDERAL CIVILIAN SERVICE (Always complete this item.)

- a. Did this person perform "Federal civilian service" (as defined for UCCE purposes) for your agency on or after the new claim date shown above? ☒ Yes ☐ No
- b. If "No," explain why this person's service was not Federal civilian service:

2. IDENTIFICATION: If this person's identifying information (e.g. SSA number or date of birth) listed above is different from that shown on his SF-50 or other separation document, record information from your agency's records:

3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION

- a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the new claim date shown above?
☒ Yes ☐ No
- (2) If "Yes" or if currently entitled to such a payment, show for the most recent payment (or entitlement) since such date:

(3) Amount of Payment \$1,000	(4) Date of Payment 11/10/95	(5) Amount of Terminal Annual Leave Days Hours		(6) Period of Terminal Leave	
(7) Number of Duty Hours (workday) 8	(8) Hours (basic workweek) 40	5	40	Time From 8:00 To 5:00	Date 10/23/11/3
b. Date of Separation	c. Date of last day of active pay status (including annual and sick leave) if earlier than date of separation or if employee not separated.				

- d. Reason for separation or nonpay status: (Obtain findings from SF-50, Item 12, "Nature of Action," and Item 30, "Remarks," or if SF-50 not used, record equivalent information from other separation document(s) your agency uses. See the "Federal Personnel Manual" for standards. If payroll office records are incomplete or inadequate, based on need for Form ES-934 in similar cases, refer request to personnel office. Attach copies of documents, if appropriate.)

SECTION III. CERTIFICATION

1. I CERTIFY THAT I have examined this report which constitutes the findings of this agency and, to the best of my knowledge, it is a correct and complete report.

2. SIGNATURE OF OFFICIAL	3. TITLE	4. DATE
5. NAME OF PARENT FEDERAL AGENCY Department of the Navy FIC 423	6. ADDRESS OF PAYROLL OFFICE Naval Air Station 368 South Avenue	

(STATE AGENCY NAME)
REQUEST FOR INFORMATION REGARDING CLAIMS FILED
UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT

LOCAL OFFICE:	DATE OF REQUEST:	DATE CLAIM FILED:	DATE A/C FILED:
---------------	------------------	-------------------	-----------------

SECTION I. IDENTIFICATION DATA

NAME (LAST, FIRST, MIDDLE, MAIDEN (IF ANY))	FEDERAL EMPLOYING AGENCY (INCLUDE COMPLETE ADDRESS)
SOCIAL SECURITY NUMBER ____/____/____	PLACE OF EMPLOYMENT (CITY, STATE OR COUNTRY)
BIRTH DATE (MM/DD/YY)	POSITION TITLE

SECTION II. FEDERAL AGENCY REPLY

INSTRUCTIONS: FEDERAL AGENCY TO COMPLETE AT LEAST ITEM 1 OF SECTION II AND RETURN COPY TO STATE AGENCY AS SOON AS POSSIBLE; EXTENSIVE DELAY MAY CAUSE UNNECESSARY POSTPONEMENT OF UNEMPLOYMENT BENEFITS OR RESULT IN OVERPAYMENT OF SUCH BENEFITS.

1. HAS THE ABOVE EMPLOYEE FILED A CLAIM FOR FEDERAL EMPLOYEES' COMPENSATION? ____ YES ____ NO

2. IF CLAIM FILED,
 A. DATE CLAIM FILED (MM/DD/YY) ____/____/____ B. CLAIM IS/WAS: ____ APPROVED ____ REJECTED ____ PENDING

NOTE: IF CLAIM IS "PENDING," PLEASE RETURN ONE COPY OF THIS FORM TO THE STATE AGENCY (ADDRESS ON REVERSE) COMPLETED THROUGH ABOVE ITEM. SUBSEQUENTLY, WHEN A DECISION HAS BEEN MADE, PLEASE FURNISH (ON SECOND COPY OF THIS FORM) APPROPRIATE, COMPLETE INFORMATION AND SEND IT TO THE STATE AGENCY.

3. IF CLAIM WAS APPROVED
 A. RATE OF COMPENSATION \$ ____
 B. RATE IN ITEM 3.A. IS FOR: ____ 1 WEEK ____ 2 WEEKS ____ 1 MONTH
 C. DATE COMPENSATION BEGAN (MM/DD/YY) ____/____/____
 D. ENDING DATE (IF KNOWN) (MM/DD/YY) ____/____/____

4. DESCRIBE THE DISABILITY FOR WHICH COMPENSATION WAS CLAIMED OR APPROVED IN TERMS OF NATURE, DEGREE, AND EXPECTED DURATION:

5. LIST COMPENSATION PAID FOR THE PAST PERIODS WITH RESPECT TO WEEK-ENDING DATES SHOWN BELOW. (IF NONE SHOWN, INFORMATION IS NOT NEEDED BY THE STATE AGENCY.)

WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT	WEEK ENDING	AMOUNT
____	\$ ____	____	\$ ____	____	\$ ____

REMARKS:

SECTION III. CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS REQUEST AND THAT THE ABOVE INFORMATION WAS OBTAINED FROM OFFICIAL RECORDS OF THE FEDERAL AGENCY (USE ADDRESS ON REVERSE)

SIGNATURE OF OFFICIAL	TITLE	DATE	PHONE
-----------------------	-------	------	-------

NAME OF THIS FEDERAL AGENCY (IF DIFFERENT THAN SHOWN IN SECTION I)	ADDRESS OF THIS OFFICE (IF DIFFERENT FROM THAT SHOWN ON REVERSE)
--	--

VII-7

APRIL 1994

TO BE COMPLETED BY THE DEPARTMENT OF LABOR, OWCP
Figure 850-18. ES-933, "Request for Information Regarding Claims Filed Under the
Federal Employees' Compensation Act

850-B-37

STATE OF CALIFORNIA
EMPLOYMENT DEVELOPMENT DEPARTMENT
REQUEST FOR INFORMATION OR RECONSIDERATION OF FEDERAL FINDINGS
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE)

SECTION I. IDENTIFICATION DATA

1. NAME (Last, First, Middle, Maiden, if any) Doe, John	2. SSA NO.(s) 111-11-1111	3. DATE OF BIRTH 7/1/48
4. CLAIMANT STATES HE WAS: a. <input type="checkbox"/> Regular full-time employee b. <input type="checkbox"/> Intermittent or part-time employee	5. POSITION TITLE Clerk	6. PLACE OF EMPLOYMENT (City, State, or County) Sacramento, CA
Department of the Army Sacramento Army Depot Attn: SDSSA-CP Sacramento, CA 95813-5005		7. REQUEST DATE OF ("X" one and insert appropriate date) <input type="checkbox"/> ES-931 <input type="checkbox"/> ES-931A 10/11/95
		8. I request <input checked="" type="checkbox"/> reconsideration or <input type="checkbox"/> additional information about the following findings: <input type="checkbox"/> a. Federal civilian service <input checked="" type="checkbox"/> b. Federal civilian wages <input type="checkbox"/> c. Periods of Federal civilian service <input type="checkbox"/> d. Reason for separation <input type="checkbox"/> e. Other (Specify)

9. REASON(S) FOR REQUEST: (Be specific; if additional space is needed, use continuation sheet)

Disagree with wages provided for 2nd quarter 1994. Wages were reported as \$5,000 for the quarter. Pay stubs equal \$5,700.

List the supporting documents which were submitted by the claimant to substantiate his request. (Duplicate copies may be attached).

CLAIMANT'S SIGNATURE

DATE

DEPARTMENT REPRESENTATIVE

DATE

SECTION II. FEDERAL AGENCY REPLY (RETURN IN FOUR DAYS)

INSTRUCTIONS: Complete Section II and return within four days. Failure to do so may result in a delay in payment of benefits, or delay in notification of non-entitlement.

CHECK "X" APPROPRIATE BLOCK AND EXPLAIN: ☐ a. Additional information ☒ b. Reconsideration of findings

Adjustment had been made to the wages. Correct wages for the quarter ending June 30, 1994 are equal to \$5,708.

I certify that I have examined this report which constitutes the findings of this agency, and to the best of my knowledge and belief it is a true, correct, and complete report.

MAIL TO:

(Field Office Stamp)

Signature of official		Date
Title	Name of parent federal agency (e.g., Dept. Army, FPC, NASA) Dept. of the Army	
Address of payroll office if different from that shown above		

STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT COMPENSATION
BUREAU OF CLAIMS AND BENEFITS
REQUEST FOR INFORMATION OR RECONSIDERATION OF
FEDERAL FINDINGS - UCFE

LOCAL OFFICE NUMBER Orlando

TO: Department of the Navy
Naval Air Warfare Center
12350 Research Parkway
Orlando, FL 32826-3224

SECTION I. IDENTIFICATION DATA

1. NAME (Last, First, Middle; Maiden, if any) Doe, John	2. SOCIAL SECURITY NUMBER(S) 111-11-1111	3. DATE OF BIRTH 10/16/62
4. POSITION TITLE Program Analyst	5. PLACE OF EMPLOYMENT Orlando, FL	
6. REQUEST DATE OF("X" one and insert appropriate date) <input checked="" type="checkbox"/> ES-931 <input type="checkbox"/> ES-931-A 9/20/95	7. "X" one only <input checked="" type="checkbox"/> Regular Full-Time Employee CLAIMANT IS <input type="checkbox"/> Intermittent or Part-Time Employee	
8. CLAIMANT REQUESTS <input type="checkbox"/> Reconsideration of findings <input checked="" type="checkbox"/> Additional information <input type="checkbox"/> a. Federal civilian service <input type="checkbox"/> b. Federal civilian wages <input type="checkbox"/> c. Periods of Federal civilian service <input checked="" type="checkbox"/> d. Reason for separation.		

9. REASON(S) FOR REQUEST (Be specific; if additional space is needed, use continuation sheet)

Need reason for the discharge.

10. LIST OF SUPPORTING DOCUMENTS SUBMITTED BY CLAIMANT (Duplicate copy (ies) may be attached)

11. CLAIMANT'S SIGNATURE	12. DATE	13. SIGNATURE (State Agency Representative)	14. DATE
--------------------------	----------	---	----------

SECTION II. FEDERAL AGENCY REPLY

INSTRUCTIONS: Federal agency complete Section II and return one (1) copy within 4 days.

15. CHECK "X" APPROPRIATE BLOCK AND EXPLAIN ☐ a. Additional information ☐ b. Reconsideration of findings

Discharge was due to misconduct. See attached proposal of removal, and notice of removal.

CERTIFICATION: I certify that the above or attached statement has been examined by me and to the best of my knowledge, is correct and complete.

16. SIGNATURE OF OFFICIAL	17. TITLE	18. DATE
19. NAME OF PARENT FEDERAL AGENCY (e.g., Dept. Army, FPC, Dept. Interior, NASA) Department of the Navy		20. ADDRESS OF PAYROLL (if different from address shown above)

RETURN TO: Division of Unemployment Compensation
Bureau of Claims and Benefits
Benefit Payments Section
Caldwell Building
Tallahassee, Florida 32301

OMB No. 1205-0179

001

☒ New☐ Additional

9/25/95

111-11-1111

From 10/1/90

Bergstrom Air Reserves Station
924 SUG/DFC
2502 Highway 71 East
Austin, TX 78719-2557

To 9/22/95

9c. DOCUMENTARY EVIDENCE
(Submitted by claimant showing
Federal civilian employment)

19 94

\$ 4,500

9/30

10 94

4,500

12/31

19 94

\$ 4,500

3/31

10 95

5,000

6/30

19 95

\$5,000.

9/30

19 95

₹ 5,000

\$ 28,500

\$500

Time

Date _____

Days 6 1/2

From

8:00

o'clock

9/25/95

Hours

50

To

12:00

o'clock

10/2/95

(c) ☐ any other similar period payment
\$ _____
monthly amount

I am not receiving any of the above. ☒

Reduction in Force	
12. REASON FOR SEPARATION	

Date _____

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT COMPENSATION
BUREAU OF CLAIMS AND BENEFITS
REQUEST FOR VERIFICATION OF UCFE WAGE AND
SEPARATION INFORMATION FURNISHED ON FORM ES-931

1. CLAIMS OFFICE

Jacksonville

SECTION I. IDENTIFICATION DATA

2. NAME (Last, First, Middle; Maiden, if any) Smith, Jane	3. SOCIAL SECURITY NUMBER(S) 111-11-1111	4. DATE OF BIRTH 8/6/52
5. POSITION TITLE Engineer	6. PLACE OF EMPLOYMENT Jacksonville	7. DATE OF FORM ES-931 REQUEST 7/10/95

TO:

Department of the Army
U.S. Army Engineer District
CESAD-HR-JL P.O. Box 4970 Jacksonville, FL 32232-0019

COMPLETE SECTION II AND RETURN
WITHIN 4 DAYS.

8. SIGNATURE (State Agency Representative)	9. TITLE	10. DATE
--	----------	----------

INSTRUCTIONS: The U.S. Department of Labor has requested us to verify periodically the accuracy of information previously furnished by Federal agencies on Form ES-931, Request for Wage and Separation Information - UCFE. Please have your payroll supervisor, certifying officer, or other authorized official personally review data from which the Form ES-931 cited above was completed in accordance with your agency's instructions pertaining to the Unemployment Compensation for Federal Employees program (5 U.S.C. 8501 et seq.).

SECTION II. FEDERAL AGENCY TO COMPLETE

1. Post "Total Employee Wages" from payroll record(s); do not copy from file copy of completed Form ES-931. If a pay record for any portion of the period covered has been sent to the National Personnel Records Center, it should be obtained before item 1b is completed and the State agency should be notified concerning the delay.

- a. Do you have a payroll record(s) for this employee?
If "No," explain:

☒ Yes ☐ No

b. State agency to insert dates and Federal agency payroll office to insert wages.	BASE PERIOD DATES		TOTAL EMPLOYEE WAGES
	Beginning	Ending	
	4/1/94	3/31/95	\$ 32,000

- 2a. Do you have a copy of the Form ES-931?

☒ Yes ☐ No

- b. Do you have an alphabetical-by-name file of Forms ES-931?

☐ Yes ☐ No

3. Was the State (or, if outside U.S., country) reported on Form ES-931, item 1b, the same as shown on SF-50, item 25, "Duty Station," or, if SF-50 is not used, the same as the duty station or equivalent entry as shown on the separation document your agency uses?
4. Do you understand that any (a) severance pay, or (b) lump-sum payment for terminal annual leave, to be reported separately on Form ES-931, is not to be included as base-period wages (see 1b above)?
5. Were the reasons for separation reported on Form ES-931, item 3d, at least as complete as the information shown in both the "Nature of Action" and "Remarks" sections of SF-50 (items 12 and 30), or equivalent document, separating this employee?

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

This is the minimum information required on Form ES-931. Additional facts regarding separation may be entered on Form ES-931 if agreed to by your personnel office.

If answer is "NO," indicate the source of information you used in completing item 3d of Form ES-931:

6. Certification made on Form ES-931 (Date) 7/14/95

7. Do you have the instructions issued by your agency's headquarters on the UCFE program?

☒ Yes ☐ No

If "No," you should request instructions through the same channels through which you obtain other payroll or personnel instructions from your agency.

8. In reviewing the payroll record(s) for this employee, did you discover any error in the information previously furnished on Form ES-931? ☐ Yes ☒ No

If "Yes," give the correct information under "Remarks by Federal Agency" below or on an attached sheet. Any questions you have concerning the operation of the UCFE program may be indicated under remarks.

9. If you wish us to arrange for a visit to discuss your responsibilities in the UCFE program, please indicate.
(This can only be done if your office is located in one of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, or the Virgin Islands) ☐ Yes ☒ No

CERTIFICATION: The above information has been furnished by someone other than the person who completed the Form ES-931 cited above and based on my review is hereby certified to be a correct and complete report.

SIGNATURE OF OFFICIAL	TITLE	DATE
NAME OF PARENT FEDERAL AGENCY (e.g., Department of Army, FPC, Dept. Interior, NASA)	ADDRESS OF PAYROLL OFFICE (if different from that shown on reverse)	
Department of the Army		
REMARKS BY FEDERAL AGENCY		

RETURN TO: Bureau of Claims and Benefits
Benefit Operations
Caldwell Building
Tallahassee, Florida 32301

LES' FORM ES-936 (UCB-98) (R. 11/84) 275

Figure 850-21. ES-936, "Request for Verification of UCFE Wages and Separation Information Furnished on Form ES-931," continued

TO BE COMPLETED BY SESA REPRESENTATIVE

(STATE AGENCY NAME)
UCFE PROGRAM-FEDERAL AGENCY VISIT REPORT

SECTION 1. IDENTIFICATION DATA

1. FEDERAL AGENCY NAME AND ADDRESS 2. CORRECT NAME AND ADDRESS (IF DIFFERENT)
(PER STATE RECORDS)

3. VISIT MADE BY: (NAME, TITLE and DATE)

4. SPECIFIC REASON FOR VISIT

5. NAMES AND TITLES OF PERSONS CONTACTED

SECTION II. FEDERAL AGENCY FUNCTIONS

INSTRUCTIONS: Review the Federal Agencies UCFE Program based on the questions provided below. Any "NO" answers should be fully explained on sheet provided. If additional space is required provide a separate attachment.

General Administration		YES	NO
1.	Does the Federal agency have a designated UCFE Program Manager responsible for the overall UCFE program?	—	—
2.	Were copies of instructions issued by the U.S. Department of Labor distributed to and executed by appropriate units at installations of the agency?	—	—
3.	Were current procedures and operating instructions issued by the Federal agency?	—	—
4.	Did the Federal agency by August 1, provide the name(s), title(s), address(es) and telephone number(s) of the designated UCFE Program Manager and the UCFE Liaison(s)?	—	—
5.	Does the Federal agency have an address to have claims sent when the Form SF-8 has not been presented by the claimant?	—	—
6.	Is the address to send UCFE bills, detailed listings and related correspondence current?	—	—
7.	Has the Federal agency provided copies of instructions and informational material to the U.S. Department of Labor prior to issuance?	—	—
8.	Did the Federal agency cooperate fully during the review?	—	—
9.	Did the Federal Agency administrative offices which prepares UCFE forms have copies of UCFE Instructions for Federal agencies?	—	—

If no, provide a copy.

Figure 850-22. ES-939, "UCFE Program - Federal Agency Visit Report"

	YES	NO
10. Did the Federal agency have an adequate supply of Forms SF-8?	—	—
11. Were you able to observe a separation briefing where an SF-8 was provided?	—	—
12. Review recently completed forms listed below and indicate the number reviewed. ES-931 — ES-931A — ES-934 — ES-936 —		
13. Were the above listed forms completed within four workdays of receipt?	—	—
14. Does the agency maintain a control record for incoming and outgoing forms?	—	—
15. Were records requested from the National Personnel Records Center as required to complete UCFE Forms?	—	—

ES-931/ES-931A/ES-934/ES-936

	YES	NO
1. Did the agency understand what constitutes Federal Civilian Service?	—	—
2. Did the Federal agency copy of completed Forms ES-931 show the 3-Digit Federal Agency Code?	—	—
3. Was the Duty Station correctly identified?	—	—
4. Was date of separation or last day of active pay status entered correctly?	—	—
5. Was reason for separation shown as complete as the SF-50 or equivalent?	—	—
6. When separation information on the SF-50 is inadequate was adequate information provided on the ES-931?	—	—
7. Are payroll records and the ES-931 consistent?	—	—
8. Was non-pay status (not separated) explained?	—	—
9. When wage reporting (when earned vs. when paid) is inconsistent with State reporting requirements, does the Federal agency advise the State?	—	—
10. Were Forms ES-931 and ES-931A completed correctly?	—	—
11. Did the Federal agency respond timely and accurately to the Form ES-936?	—	—
12. Was the ES-936 completed and verified by other than the individual who completed the ES-931?	—	—
13. Are ES-934's referred to appropriate party?	—	—
14. Does the Federal agency notify the State Employment Security Office when a former federal employee refused and offer of employment?	—	—

Figure 850-22. ES-939, "UCFE Program - Federal Agency Visit Report," continued

APPEALS

	YES	NO
1. Does the Federal agency appeal State Financial and Non-monetary determinations when the determination(s) are inconsistent with Federal Findings?	—	—
2. Are determinations and hearing notices referred to the appropriate office?	—	—
3. When not able to attend a scheduled appeal hearing does the Federal agency provide sufficient information to be included in the record to protect their interests?	—	—

UCFE PROGRAM-FEDERAL AGENCY VISIT REPORT -CONTINUED

REMARKS: For each "NO" answer, list below by item number and indicate action taken by agency to comply with requirements, including correction of previous errors. If Federal agency visited had little or no UCFE activity, insure that agency understands it's responsibilities for each requirement and agrees to apply UCFE procedure to future activity.

PREPARED BY: (NAME)	TITLE	DATE
TIME SPENT IN TRAVELING	TIME SPENT IN VISITING	

Figure 850-22. ES-939, "UCFE Program - Federal Agency Visit Report," continued

SUBCHAPTER 870

LIFE INSURANCE

Reference: Title 5, Code of Federal Regulations, Part 870, "Basic Life Insurance"

RECONSIDERATION

Reconsideration reviews are performed by the Defense Civilian Personnel Management Service with final decisions issued by the DoD Insurance Officer. In issuing initial decisions under the reference, the employing office must inform individuals how to request reconsideration.

SUBCHAPTER 890

HEALTH INSURANCE

Reference: Title 5, Code of Federal Regulations, Part 890, "Federal Employees' Health Benefit Program"

RECONSIDERATION

Reconsideration reviews are performed by the Defense Civilian Personnel Management Service with final decisions issued by the DoD Insurance Officer. In issuing initial decisions under 5 CFR 890.104 of the reference, the employing office must inform individuals how to request reconsideration.

SUBCHAPTER 1231

EMPLOYMENT OF FOREIGN NATIONALS

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SUBCHAPTER 1231

EMPLOYMENT OF FOREIGN NATIONALS

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) DoD Instruction 1400.10, "Employment of Foreign Nationals in Foreign Areas," December 5, 1980 (hereby canceled)
 - (c) Department of State/Department of Defense Agreement, Subject: "Agreement Concerning Joint Compensation Plans for Local Employees of the Department of State -- United States Information Agency -- Agency for International Development -- Certain Designated Units of the Department of Defense -- and the Foreign Agriculture Service and other Designated Units of the Department of Agriculture," July 9, 1977
 - (d) DoD Directive 5530.3, "International Agreements," June 11, 1987
 - (e) DoD Manual 1416.8, "Department of Defense Foreign National Compensation Manual," January 1990
 - (f) The Foreign Service Act of 1980, as amended, 22 United States Code § 3901 *et seq.*
 - (g) DoD Directive 5120.39, "Department of Defense Wage Fixing Authority - Appropriated Fund Compensation," April 24, 1980
 - (h) DoD Directive 5120.42, "Department of Defense Wage Fixing Authority - Nonappropriated Fund Compensation Programs," May 19, 1977

A. PURPOSE

This Subchapter:

1. Implements the Department of Defense (DoD) policy under DoD Directive 1400.25 (reference (a)) to prescribe procedures and delegations for the employment of foreign nationals in foreign areas, and sets forth the principles to follow when the U.S. Forces in foreign areas are negotiating for the employment of foreign nationals, and
2. Cancels DoD Instruction 1400.10 (reference (b)).

B. APPLICABILITY AND SCOPE

This Subchapter applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Defense Agencies, and the DoD field activities. This policy does not apply to the Civilian Marine Personnel of the Military Sealift Command, to foreign national

employees serviced by U.S. Embassies in accordance with the State Department and DoD Agreement (reference (c)), or to foreign national employees in Panama.

C. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (a)) that:

1. The establishment or use of military bases and facilities in the territory of another nation is normally governed by the provisions of a treaty or other formal agreement. Such a treaty or agreement usually addresses the subject of employment of foreign nationals.
2. The negotiation of basic arrangements with the host government of a foreign country is the responsibility of the Department of State, based on guidance and technical advice provided by the DoD. This guidance ensures that the employment system adopted is consistent with applicable laws and regulations and gives the local military command a workforce that is as stable, efficient, and economical as local conditions allow.
3. Treaties or agreements of this kind, negotiated at diplomatic levels, are usually written in broad terms. In the field of foreign national hire, inclusion in the treaty or agreement of only the most basic terms of reference is sufficient. Examples of basic terms of reference for employment of foreign nationals are in subsection D.1., below.
4. In conjunction with the formal agreement or treaty and its implementing arrangements, the DoD requires that a specific official or agency of the host government be designated as an official contact with the U.S. Forces on all labor matters.

D. PROCEDURES

1. **Basic Principles.** Although the rules of foreign national employment systems may vary based on negotiated agreements, the system for any foreign country shall satisfy these basic principles:

- a. Prevailing practices, local laws, and customs shall be followed in the employment and administration of foreign nationals when the practices, laws, and customs are not in conflict with U.S. law, applicable treaties, international agreements, or other higher level agreements, and are compatible with the basic management needs of the U.S. Forces.
- b. To reduce the need to import workers into the host country, foreign nationals shall be employed as extensively as possible by the U.S. Forces, consistent with any agreement with the host country and the DoD family member hiring policies.
- c. The provisions of the foreign national employment system in a foreign country shall apply uniformly to all elements of the U.S. Forces.

2. **Employment Systems.** Foreign national employment systems in foreign countries fall into two general categories: those where the employees are hired directly by the U.S. Forces as employees of the U.S. Government (direct hire); and those where the personnel are employees of the host government and are assigned to work with the U.S. Forces on a reimbursable cost or other financial basis (indirect hire).

a. **Direct Hire.** Under the direct hire system, the U.S. Forces are the legal employer of the foreign nationals and assume responsibility for all administrative and management functions with foreign national employment. The presence of one or more of these conditions may influence a decision to use direct hire:

- (1) The host government has no objection to a direct hire system.
- (2) The numbers of persons to be employed will have little or no effect on the local economy and do not warrant long and costly negotiation and preparation for an indirect hire arrangement.
- (3) The provisions of a treaty or host-country agreement provide the U.S. Forces with the legal authority to employ foreign nationals and to follow local law and customs when possible.
- (4) The host government does not desire or is unable to discharge the responsibilities inherent in an indirect hire system.

b. **Indirect Hire.** The host government serves as the legal employer of U.S. Forces' foreign nationals. Although the host government is the official employer of the foreign national personnel, it grants operational control to the U.S. Forces for the day-to-day management of such personnel. Conditions that may influence a decision to use this system are:

- (1) The host government is desirous and capable of discharging the responsibilities inherent in an indirect hire agreement.
- (2) A large number of employees will be required for a limited time, which may result in a disruption in the local labor market when the employees' services are no longer required.
- (3) Direct hire of foreign nationals will disrupt the local market, and the host government is in the best position to cope with the situation.
- (4) The host government funds a part or all the foreign national employment costs.

3. **Subsidiary Agreements.** A basic agreement or treaty provides the general terms of reference for the formulation of a more detailed operating agreement or arrangement. The subsidiary agreement should provide as complete and detailed coverage of all aspects of the management and administration of foreign national personnel as the U.S. laws and local situation permits. Negotiation of all subsidiary agreements is subject to DoD Directive 5530.3 (reference (d)). Subjects that may be covered include:

a. **Responsibility for Recruitment**

(1) **Direct Hires.** In the case of direct hires, the responsibility for recruitment should be vested in the U.S. Forces. However, the agreement may provide for assistance from the host government through its existing facilities. This can take the form of a host government's assistance in obtaining qualified applicants and referring them to the U.S. Forces for selection. In such cases, the U.S. Forces keep the management right to decide the number of employees needed and to accept or reject any applicant so referred for a position.

(2) **Indirect Hires.** Usually, the host government, through its existing facilities, is responsible for recruiting civilian workers. The host government refers qualified applicants to the U.S. Forces for selection. The U.S. Forces have the right to accept or reject any applicant so referred. Additionally, the U.S. Forces should be permitted, with the consent of the host government, to recruit qualified personnel.

b. **Security Measures**

(1) The U.S. Forces must take measures to protect their security. The agreement shall provide for appropriate investigative requirements for the employment of foreign nationals in accordance with DoD regulations on security requirements for U.S. Government employment or for access to classified defense information.

(2) The agreement shall provide that no person may be employed by the U.S. Forces if the employment is inconsistent with the interests of national security. The U.S. Forces shall be authorized to effect the release of any foreign national who is considered to be a security risk, as long as the person is fairly treated.

(3) Since the discharge of foreign nationals on the grounds of security may cause grievances and labor unrest, carefully devised procedures shall be instituted to ensure there is no misuse of this authority.

c. **Priority Accorded U.S. Forces in Labor Market.** When it is necessary to establish priorities, the U.S. Forces shall be given the same priority as that of the armed forces or essential industry of the host country, particularly if the U.S. Forces are participating in the defense of the area or are an ally of the host country.

d. **Host Government Control on Personnel Requirements.** The U.S. Forces keep the management right to decide personnel levels. U.S. Forces should avoid host country control on personnel requirements, unless a valid reason for such control exists, such as:

- (1) A shortage of qualified personnel in the labor market.
- (2) Protection of the local economy from disruption caused by the U.S. Forces absorbing a disproportionate share of available labor.
- (3) An emergency condition exists.
- (4) The host country funds a part or all the foreign national employment costs.

e. **Importation of Workers.** The U.S. Forces should not import workers from a third country into a host country when personnel requirements can be satisfied by local labor. If personnel needs in any occupational category cannot be satisfied, arrangements should be made with the host government to allow importation of workers from other countries who are acceptable to the host government in the skills and numbers required. The host government should be asked to issue such workers the necessary documentation for residence or working permits. A periodic assessment shall be made of the need for continuing to employ third country nationals.

f. **Employment Conditions.** Local nationals shall be afforded conditions of employment that are based on prevailing practices, local law, and customs and are generally equal to those enjoyed by persons with similar skills and in similar occupations in the general economy of the host country. Employment conditions offered shall be favorable enough to meet existing fair standards in the labor market, but not so helpful as to create a privileged group within the country. Alternate provisions may be necessary when prevailing practices are inconsistent with local laws or in instances where U.S. laws or operational requirements of the U.S. Forces make adherence to prevailing practices, local law, and customs impossible or difficult. For example, payment made to foreign national employees, subject to base closures, should be balanced between host country provisions and payments provided to U.S. civilians in similar circumstances.

g. **Employee Compensation.** In the daily operations of a civilian personnel program, changing conditions may cause changes in wage scales, wage schedules, wage rates, and, to a lesser degree, employment conditions. U.S. Forces must comply with statutory limitations when they are placed on annual salary adjustments. When an indirect hire system is adopted, it is usually beneficial to have the employment conditions and the procedures for developing the wage and salary schedules written as a supplement to the subsidiary agreement. The subsidiary agreement can then provide for any changes in the supplement that are required through mutual agreement without renegotiating a

new agreement. The preferred methodology is described in DoD 1416.8-M (reference (e)).

(1) In the case of direct hires, it is customary to use either variations of the classification and grading systems used for U.S. employees or those systems used locally, and to decide wage and salary schedules based on local prevailing rates. Complete authority to decide the grade, classification, and pay for positions and to assign employees to such positions shall be vested in the U.S. Forces.

(2) When an indirect hire system is adopted, pay plans, to include job criteria and wage and salary schedules, shall show prevailing practices in the general economy to the greatest extent possible, and shall be compatible with U.S. Forces special requirements and personnel use practices. Differences between conditions of employment, allowances, and fringe benefits prevailing in the general economy and those afforded foreign national personnel of the U.S. Forces shall be considered in establishing foreign national pay schedules. Depending on existing bilateral agreements, contractual agreements on pay plans may be concluded by the U.S. Forces or their delegated representative with the host government, or by the host government with trade unions or other employee representative groups, subject to the concurrence of the U.S. Forces. U.S. Forces shall decide the proper classification and pay rate under existing pay plans for each employee.

h. Social Security Coverage

(1) Unless local conditions dictate otherwise, foreign nationals shall be covered under the existing social security program of the host government.

(2) In the case of direct hire employees, there is, at present, no legal authority for the U.S. Government to pay the employer's share of the social security contribution, unless the treaty or subsidiary agreement so provides. When either the direct hire or the indirect hire system is used, the treaty or subsidiary agreement should provide that foreign nationals will or will not be covered by the existing social insurance and worker's compensation benefits of the host country. When employees are so covered, the employer's contribution to social insurance will be made by the U.S. Forces, either directly or by reimbursement to the host government.

i. Complaints. On matters of an existing arrangement within the U.S. Forces' areas of responsibility, the U.S. Forces shall establish adequate procedures, appropriate to the local situation, to deal directly with complaints. The host government should receive complaints that fall within the area of its responsibility, as well as suggestions for changes to the agreement between the host government and U.S. Forces.

j. Labor-Management Relations. The basic principles set forth in paragraph D.1.a., above, apply to labor-management relations and to other aspects of employment. Policies governing the relationship between the U.S. Forces and the organization(s)

representing their local national employees, including dispute-resolution procedures and, where appropriate, those matters subject to collective bargaining, shall be set forth in the agreement with the host government. When possible, particularly in those countries where government employees are not permitted to strike, an explicit statement shall be sought to the effect that foreign national employees do not have the right to strike against the U.S. Forces.

k. **Administrative Costs.** A method of determining the administrative costs incurred by the host government in providing personnel and in assuming certain administrative responsibilities under an indirect hire system should be developed. The extent to which these costs will be borne by the U.S. Forces, the manner in which payments for any assessed costs will be made by the U.S. Forces, and the extent to which it may be mutually desirable for the U.S. Forces to audit expenditures for administrative costs should be agreed on.

4. **Division of Responsibilities.** The recommendations contained in paragraphs D.3.a. through D.3.k., above, as they relate to the indirect hire system, envision an arrangement by which the host government assumes the status of employer, employs the personnel, performs certain administrative functions, and furnishes the personnel to the U.S. Forces on a reimbursable basis. In a system of this type, the host government and the U.S. Forces each have certain responsibilities and functions. The recommended division of the more important of these, if agreed on, must be delineated in the subsidiary agreement, as follows:

a. **Host Government**

(1) Recruitment of personnel and referral of qualified applicants to U.S. Forces for selection.

(2) Appointment of those applicants who are selected.

(3) Maintenance of personnel records.

(4) Preparation of payrolls and paying of personnel.

(5) Completion of personnel actions requested by the U.S. Forces, such as promotions, transfers, or separations.

(6) Negotiations with labor organizations. In areas of agreed U.S. Forces responsibilities and in matters about to the provisions of the basic treaty and subsidiary agreement, no binding obligation should be concluded in any negotiation between the host government and the labor organizations without concurrence of the U.S. Forces.

b. **U.S. Forces**

- (1) Establishment of number and types of positions required, and transmittal of requests for personnel to host government.
- (2) Determination of the proper classification of individual positions within an established wage and salary structure.
- (3) Determination of the amount of increase to the wage schedule.
- (4) Selection of personnel from applicants referred by the host government.
- (5) Submission of time and attendance reports to the host government's agency preparing the payrolls.
- (6) Assignment, supervision, control, and training of personnel.
- (7) Determination of promotions, demotions, transfers, and separations.
- (8) Audit of payrolls prepared by host government.
- (9) Consultation with employee associations or labor organizations.

5. **Joint Committees.** Combatant Command Commanders-in-Chief (CINC), or equal for the area, shall establish joint personnel committees with DoD Component representation as applicable to the situation. The Combatant Command CINC may decide the number of joint committees or subcommittees necessary for the conduct of orderly business. Committees may be established on an area or country basis. Component representatives (not to exceed one on a joint committee or subcommittee) shall be appointed by their respective DoD Component Commanders. For each such joint committee, a chairperson shall be designated by the Combatant Command CINC. CINCs and joint committees shall afford full consideration to the participation, wherever appropriate, of other parties, such as other allied forces or U.S. Government departments or agencies, in achieving a unified position to prevent unilateral action inconsistent with controlling treaties, agreements, or directives. The joint committees shall operate under the CINC of the Combatant Command who shall seek to resolve Component differences to achieve a unified U.S. Forces position.

a. For direct hire employees (paid from either appropriated or nonappropriated funds), the joint committees shall seek to establish a uniform position on salaries, wages, fringe benefits, and other terms of employment for foreign national employees. The terms of employment established shall be in accordance with the provisions of controlling treaties, administrative and labor management agreements, and this Subchapter. Negotiations with labor organizations shall not extend to such areas of discretion and policy as mission, budget, security, organization and assignment of personnel, the technology of performing work, or schedules of compensation, except to the extent

provided by treaty, agreement, or directive. Labor organizations may be permitted to take part in the planning and conduct of area wage surveys.

b. For indirect hire employees, the joint committees shall be responsible for coordinating negotiations with officials from host governments and for ensuring the uniform application of agreed Service positions.

c. Procedures and detailed instructions to be followed in the administration of that part of the personnel program for foreign national employees of the U.S. Forces concerned with compensation are in the DoD 1416.8-M (reference (e)).

E. DELEGATIONS

1. The basis for setting pay for foreign national employees is Section 408 of the Foreign Service Act of 1980 (reference (f)).

2. In accordance with the provisions of DoD Directive 5120.39 (reference (g)) and DoD Directive 5120.42 (reference (h)), authority is delegated to each Military Department for redelegation to its Service Component Commander in each of these areas who shall exercise authority in that area jointly to establish salaries, wages, fringe benefits, related compensation items, and other terms of employment for foreign national employees:

- a. U.S. European Command
- b. U.S. Pacific Command
- c. U.S. Atlantic Command
- d. U.S. Central Command
- e. Ottawa (Defense Logistics Agency activities)

f. Compensation in all other areas, except Panama, will be set and adjusted by the Civilian Personnel Management Service.

3. Limitations on delegations of authority are:

a. Unresolved differences about terms of employment, salaries, wages, fringe benefits, and related compensation matters for foreign national employees shall be referred by the cognizant CINC to the Assistant Secretary of Defense (Force Management Policy (ASD(FMP))).

b. Situations, which in the view of Service Component commands, warrant deviation from prevailing practice, sometimes referred to as public interest

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determinations, shall be forwarded by the responsible CINC to the ASD(FMP). The public interest determination is not an option to waive Congressionally imposed budget limitations on annual adjustments.

c. The annual total pay for an individual established under the delegated authorities may not be more than the maximum payable rate for Executive Level IV.

SUBCHAPTER 1250

OVERSEAS ALLOWANCES AND DIFFERENTIALS

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SUBCHAPTER 1250

OVERSEAS ALLOWANCES AND DIFFERENTIALS

- References:**
- (a) Department of State, Standardized Regulations (Government Civilians, Foreign Areas)
 - (b) Section 3657 of title 22, United States Code
 - (c) Joint Travel Regulations, Volume 2, "Department of Defense Civilian Personnel"
 - (d) through (n), see enclosure (1)

A. PURPOSE

This Subchapter:

1. Implements DoD policy, delegates authority, assigns responsibilities, and authorizes, under references (a) through (k), the payment of allowances and differentials to DoD civilian employees who are U.S. citizens and who are located in foreign areas and Panama.
2. Cancels reference (l) and (m).

B. APPLICABILITY AND SCOPE

This Subchapter applies to appropriated fund employees and, as provided in subparagraph E. 1. (a), to Junior Reserve Officers' Training Corps Instructors. Application of reference (a), hereafter referred to as DSSR and as supplemented herein, is mandatory and will be observed with respect to those allowances and differentials that are authorized for payment within the Department of Defense.

C. DEFINITIONS

1. **Family Member.** Family member is defined in Section 040(m) of the DSSR (reference (a)).
2. **Foreign Area.** Foreign area is defined in Section 040(f) of the DSSR (reference (a)).
3. **Local area of work.** Provisions outlined in Section C2400 of the Joint Travel Regulations (JTR), volume 2, (reference (c)) will be followed in determining the local area of work.
4. **Locally Hired.** For the purpose of this Subchapter, locally hired refers to the country in which the foreign post is located.
5. **Management Generated Action.** If a DoD activity requires an employee to make a geographic or permanent change of station (PCS) move as a condition of employment (e.g., RIF,

transfer of function, agency career development program, or agency directed placement), it will regard such movement as being in the interest of the Government and generated by management. If an employee actively pursues, solicits, or requests a position change resulting in the geographic move of such employee from one permanent duty station, such a move is primarily for the convenience and benefit of the employee and is not considered a management-generated action. The provisions outlined in JTR, volume 2, paragraph C4108 (reference (c)), will be used to determine if the move meets the criteria of a PCS when the old and new permanent duty stations are located within the same city or area.

6. **United States.** Any of the 50 states, Puerto Rico, any U.S. possession, and the former Canal Zone.

7. **U.S. Hire.** A person who resided permanently in the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the former Canal Zone, or a possession of the United States from the time he or she applied for employment until and including the date he or she accepted a formal offer of employment.

D. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (n)) that:

1. Overseas allowances and differentials (except the post allowance) are not automatic salary supplements; nor are they entitlements. They are specifically intended to be recruitment incentives for U.S. citizen civilian employees living in the United States to accept Federal employment in a foreign area. If a person is already living in the foreign area, that inducement is normally unnecessary.

2. Individuals authorized to grant overseas allowances and differentials shall consider the recruitment need, along with the expense the activity or employing agency will incur, prior to approval.

3. Individuals shall not automatically be granted these benefits simply because they meet eligibility requirements.

4. When suitable and fully adequate Government quarters are available and offered to the employee, but the employee elects not to accept them, the employee shall not be eligible to receive the Living Quarters Allowance (LQA) for the rental or purchase of privately owned quarters except when there is a waiting list of eligible personnel available to occupy the same category of quarters offered to the employee, or quarters cannot be assigned on a permanent basis. The employee may be paid the Temporary Quarters Subsistence Allowance (TQSA) for use of commercial lodging even if adequate Government transit quarters are available. In Panama (the former Canal Zone area), provisions of the JTR, volume 2 (reference (c)) for payment of Temporary Quarters Subsistence Expense (TQSE) apply in lieu of TQSA.

5. The LQA and TQSA allowances are designed to cover substantially all average allowable costs for suitable, adequate quarters, including utilities. They are not intended to reimburse 100 percent of all of an employee's quarters costs or to provide ostentatious housing or extravagant meals.

6. Program administrators will assure that each Foreign Allowances Application, Grant, and Report (SF-1190) submitted is accompanied by receipts, as required by the DSSR (reference (a)), that support the amounts claimed. Officials approving allowances claims may also require receipts for meals claimed under TQSA which they consider extravagant. If an employee fails to submit receipts, allowance payments will be suspended until supporting documentation is submitted. Officials approving allowance claims for payment will verify that amounts claimed are supported by receipts and will not approve payments that are not supported by documentation.

7. Program administrators will establish a suspense system to follow-up on events that affect allowance payments (e.g., age of dependent children, expiration of the 10-year cost recovery period for personally owned quarters, expiration of lease or rental contracts, early return of dependents, and renewal agreement travel).

E. PROCEDURES

1. **Allowances Authorized.** All of the allowances authorized by the DSSR (reference (a)) are authorized for DoD civilian employees living in foreign areas except the wardrobe portion of the Home Service Transfer Allowance, the wardrobe portion of the Foreign Transfer Allowance, and Education Allowance (except transportation of student family members). Allowances for employees in Panama are covered in subparagraph E.2. below.

a. Quarters Allowances

(1) **Determination of Need to Grant Allowances.** Individuals authorized to approve overseas allowances shall determine whether the allowance is necessary for recruitment purposes. If so, the applicant's eligibility, as specified in Section 031.1 of the DSSR (reference (a)), will be determined.

(2) Eligibility

(a) Under the provisions of Section 031.12b of the DSSR (reference (a)), former military and civilian members shall be considered to have "substantially continuous employment" for up to 1 year from the date of separation or when transportation entitlement is lost, or until the retired and/or separated member or employee uses any portion of the entitlement for Government transportation back to the United States, whichever occurs first. In unusual cases, an employee may be considered to have substantially continuous employment even though a portion of the entitlement (e.g., early return of a family member or movement of household goods from nontemporary storage) has been used. Satisfaction of DSSR paragraph 031.12b alone will not make the former military or civilian employee eligible. The employee must also satisfy the requirements of DSSR paragraph 031.12a, to establish eligibility. Living Quarters Allowance

(LQA) payments during the summer recess period to Junior Reserve Officers' Training Corps (JROTC) Instructors employed by the Department of Defense Dependents Schools (DoDDS) shall be processed in accordance with Federal Services Impasses Panel decision 92 FSIP 17 and 103 (reference (d)), and subparagraph E.1.a.(5) of this Subchapter. LQA payments to DoDDS JROTC Instructors will not be paid when suitable and fully adequate government quarters are occupied by the instructor during the summer recess period.

(b) **Waivers.** The requirements of Section 031.12b of the DSSR (reference (a)), may be waived in individual cases when unusual circumstances exist. If the Major Command recommends a waiver, the case shall be forwarded to the serviced DoD Component headquarters for consideration by the agency head. All other requests should be returned by letter to the employee explaining the reasons for non recommendation. Head-of-agency authority may be redelegated to the appropriate Major Command. Officials identified in paragraph F.1.(a) may waive DSSR section 031.12b requirements for locally hired U.S. citizen employees when, but for the conditions surrounding the employment, the employee would be residing in the United States. One of the following situations must have occurred for this waiver:

- 1 The sponsoring spouse dies.
- 2 Sponsoring spouse becomes physically or mentally incapable of continued employment with the Government.
- 3 The couple is divorced or legally separated. (A legal separation is deemed to exist at such time as either the employee or spouse shall have initiated legal action to dissolve the marriage or one separates from bed and board short of applying for a divorce.)
- 4 Sponsoring spouse left the post or area permanently.
- 5 Spouses could not maintain a common dwelling due to the relocation of either spouse's work place.
- 6 The employee is an incumbent of a position designated as emergency-essential in accordance with DoD Directive 1404.10 (reference (e)).

In addition, in situations 1 through 5, the employee must have entered the country in which the foreign post is located as the spouse of a sponsor who was eligible for the quarters allowance. In situations 3, 4, and 5, above, the LQA will be stopped should the couple remarry, reconciliation occur, or the sponsoring spouse return to his or her post or commuting area whether or not the sponsoring spouse retains his or her eligibility for a quarters allowance. Waivers granted for events 1 through 5 shall last no longer than one year from the date eligibility is established, unless extended by the appropriate Major Command. In situation 6, the waiver is effective only for the period during which a crisis situation is declared to exist under reference (e).

(c) Except for the circumstances described in (b) 2 above, waiver of Section 031.12b, DSSR (reference (a)), will not be made for a married employee who accompanied or followed his or her spouse to a foreign area and still resides with that spouse.

(d) Section 031.12b of the DSSR (reference (a)) will be waived for locally hired U.S. citizen employees who have, immediately prior to appointment, been directly employed by the U.S. as foreign nationals under third-country citizen contracts or agreements that provided them with a living quarters allowance or housing at no cost.

(e) When approval is granted to waive Section 031.12b of the DSSR (reference (a)), the effective date of the LQA approval will be the date eligibility is established by the approving official or the date quarters are occupied, whichever is later.

(f) The appropriate Major Command decides whether an employee acquires an LQA under Section 031.12c of the DSSR (reference (a)), when the assignment is within or between countries. This authority may be redelegated to the officials identified in subparagraph F.1.a., of this Subchapter. Section 031.12c provides that an LQA may be given to an employee recruited outside the United States if, "as a condition of employment by a Government agency, the employee was required by that agency to move to another area, in cases specifically authorized by the head of the agency." A "condition of employment," if not fulfilled, results in failure to gain or retain employment. Section 031.12c, DSSR (reference (a)), shall be applied when an employee is relocated to another area by a management-generated action. It also shall be applied when management requests that an employee not now eligible for LQA relocate to another area. A management request that an employee relocate is considered a management-generated action. A move through a voluntary reassignment program is not considered to be a management-generated action. To make a determination under Section 031.12c of the DSSR (reference (a)), the following tests must be applied:

- 1 Will employment be ended if the employee fails to accept relocation?
If the answer is yes,
- 2 Is the relocation caused by a management-generated action?
If the answer is no,
- 3 Must management request an employee not now in receipt of LQA to relocate to another area?

(g) To grant an allowance under Section 031.12c of the DSSR (reference (a)), and its implementing guidance, the answer must be affirmative to questions (f) 1 and 2 or to question (f) 3, above. Selecting a person to be relocated is based on regulatory guidance, leaving management little option to recruit a new employee or select an employee receiving an LQA. There are also certain common sense considerations. If an employee's new duty station is within the local area of work of the previously established residence, no LQA will be authorized. If the employee is joining a spouse at a new duty station who is eligible for LQA, the reassigned employee will not be given the allowance. If the management-generated action would not cause

employment to end if the employee fails to accept relocation, the DoD Component may approve LQA if a determination is made that there is no choice but to move the employee for official reasons (e.g., mobility is inherent in the functional area).

(h) Although the appropriate Major Command would normally be responsible for servicing both the old and new positions, there may be times when two Major Commands or possibly another Military Department are involved. In such situations, the gaining command will make the final determination. The losing command, however, shall request an advance finding from the gaining command to advise the employee as to LQA benefit as a result of the movement.

(i) Nonappropriated fund employees who were eligible for a living quarters and related allowances upon their initial hire and who are appointed to an appropriated fund position without a break in service, continue to be eligible for allowances in accordance with Comptroller General Decision B-184972, Angelo Raffin, Air Force (reference (f)), provided they had received the allowances for at least one year.

(3) **Shared Quarters.** Employees sharing quarters with one or more individuals who do not meet the definition of family member may be reimbursed only for their portion of the total cost of the quarters. For example, if an allowance-eligible employee shares quarters with another individual, the employee's fair portion of the total annual allowable expenses should be 50 percent. The name(s) of the person(s) with whom the employee is sharing quarters or to whom the employee is subletting a portion of the quarters shall be entered on the Foreign Allowances Application, Grant, and Report (SF 1190).

(4) **Personally Owned Quarters (POQ).** The annual rent payable for Personally Owned Quarters is based on the purchase price or appraised value of the property, converted to U.S. dollars at the exchange rate in effect at the time of purchase. Employees who own, or are purchasing a POQ, are not eligible for additional quarters allowances under a rental contract if the POQ is within the employee's local area of work.

(5) **Special Rules for Department of Defense Dependents Schools (DoDDS) Educators.** Subject to reference (g), payment of the LQA to an educator who is eligible under the DSSR (reference (a)) to receive that allowance, or to occupy rent-free government quarters in lieu of LQA, during the summer recess shall be governed by the following:

(a) If the educator is transferred, payment of the allowance shall be the responsibility of the losing activity up to the effective date of the transfer; thereafter, it shall be the responsibility of the gaining activity.

(b) If it is determined that the educator's services will not be required for the following year, the educator may receive payment of the LQA until his or her last day in a duty status. The allowance may be continued up to 14 calendar days or the date of departure, whichever is earlier, for an educator who is required to await authorized transportation if appropriate documentation is provided by the transportation office.

(c) In accordance with Section 723.1 of the DSSR (reference (a)), and 20 U.S.C. 905 (reference (g)), if an educator fails to report for service at the beginning of the next school year as agreed, or fails to complete the full obligation for the next school year for reasons unacceptable to management, the educator shall be obligated to repay the LQA received (or value of Government quarters occupied, or cost of storage furnished) up to the effective date of separation during the recess period. If the failure to report or to complete the school year is beyond the educator's control and acceptable to management, collection action may be waived.

(d) Under the provisions of 20 U.S.C. (reference (g)), educators are in a nonpay status during winter, spring, summer recess periods, Federal holidays, and all other non-workdays. Accordingly, LQA shall be continued in the public interest for eligible educators during official recess periods within the school year, not in excess of 30 calendar days, provided the educator is in a pay status immediately before and after the school recess period.

b. Post Allowance

(1) **Eligibility.** Part-time, intermittent, and U.S. family member summer/winter hire employees are not eligible. The post allowance is paid to eligible employees even though they may not be eligible for post differential or other allowances.

(2) **Wage Grade Employees.** The annual rate is determined by multiplying the basic hourly rate by 2087. The basic rate is exclusive of overtime, shift differentials, holiday premium pay, or any other differentials and allowances.

(3) **DoDDS Educators.** In accordance with Section 724 of the DSSR (reference (a)) and 20 U.S.C. 906 (reference (g)), the total annual amount of post allowance payable is divided by the number of calendar days in the school year to obtain the daily rate. If a teacher is employed in another position during any recess period between two school years, the allowance during the recess period shall be based on the position employed in during the recess period.

c. Education Allowance. The education allowance is not authorized for payment in the Department of Defense. Education of DoD family members whose sponsor is stationed in a foreign area is provided mainly in DoD-operated overseas schools. When these schools are either unavailable or inappropriate, education of family members must be arranged through the DoD Dependents School System. Reimbursement for the transportation of student family members, as provided by Section 277.2 c. of the DSSR (reference (a)), is authorized under the following conditions:

(1) Reimbursement is authorized for transportation costs of dormitory student family members of eligible employees between the employee's overseas duty station and the DoD-approved school.

(2) Reimbursement shall be limited to that necessitated by the school's vacation closing schedule. Students may be authorized to travel to a location other than their sponsoring employee's post of duty, provided that the sponsoring employee states in writing to the authority

concerned, that the travel to the other location is to permit the student to join the family at that location.

(3) Reimbursement shall be limited to what it would have cost the government for travel from the school to the employee's post of duty by the authorized mode of transportation. Only those employees who are eligible for the LQA may be reimbursed for family member education travel.

d. Advance in Pay

(1) Procedures for obtaining an advance in pay when employees are proceeding to or arriving at a post of assignment in a foreign area are contained in DoD 7000.14R (reference (h)).

(2) Repayment shall be made by payroll deduction over a maximum of 26 pay periods, or partial, or lump-sum payments. Payroll deductions shall begin the first pay period after receipt of the advance or following arrival at the foreign post, whichever is later.

2. Allowances Authorized in Panama

a. Quarters Allowance. DoD activities in the Republic of Panama may grant a quarters allowance to:

(1) Any employee who possesses a transportation agreement, is a citizen of the United States, and who, before October 1, 1979, was employed by the Panama Canal Company, the Canal Zone Government, or any other Government Agency in the area then known as the Canal Zone;

(2) Any other employee who is a citizen of the United States and who, on or after October 1, 1979, has been recruited from within the United States and for whom Government-owned or leased quarters are not made available. For the purpose of this subparagraph, an employee recruited from within the United States shall include any employee who transfers from a foreign area, the Commonwealth of Puerto Rico, or a possession of the United States, as long as the employee was recruited originally from the United States by a U.S. Government Agency and has had substantially continuous service in the foreign area which provided for the employee's return transportation to the United States, the Commonwealth of Puerto Rico, or a possession of the United States; and,

(3) Any employee who is required, as a condition of employment by a Government Agency, to move to another area in cases specifically authorized by the head of agency. To determine eligibility, the criteria in subparagraphs E.1.a(1)(f) and E.1.a(1)(g) above, will be used.

(a) The amount of quarters allowance payable shall be the amount by which the lesser of 1 or 2, below, exceeds the estimated total cost of rent and utilities that the employee would be obligated to pay if Government-owned or leased quarters had been provided on a rental basis:

1 The actual expenses for rent and utilities incurred by the employee while occupying quarters other than Government-owned or leased quarters.

2 The maximum amount that would be authorized for such employee under the DSSR (reference (a)), if the employee is covered by these regulations.

(b) An advance payment of the quarters allowance is authorized and shall be paid under the provisions of Section 113.3, DSSR (reference (a)).

b. **Tropical Differentials/Overseas Panama Area Differential.** 35 CFR 251.31 (reference (i)), provides guidance on the administration of tropical differentials. 35 CFR 251.32 (reference (i)) provides guidance on the administration of Overseas Panama Area Differential.

F. RESPONSIBILITIES

1. Delegation of Authority

a. Except as otherwise provided in this Subchapter, the authority to decide an employee's eligibility for an allowance or differential is delegated to those officials with appointing authority who are responsible for administering the program and submitting the required reports. The authority may be redelegated.

b. Except as otherwise provided in subparagraph E. of this Subchapter, the authority to make head-of-agency waivers to Sections 031.12b and c of the DSSR (reference (a)), are delegated to the Secretaries of the Military Departments, Directors of Defense Agencies with independent appointing authority, and the Office of the Secretary of Defense, Director of Administration and Management. In those instances where an employee is not represented by a Military Department or Major Command for the granting of waivers as described in subparagraph E., the appropriate DoD Agency may grant waivers under Sections 031.12b and c of the DSSR (reference (a)). In both cases, the authority may be redelegated to the lowest practicable level.

c. **Head-of-Agency.** Except as provided in subparagraph F.1.d. below, the authority of the head of the agency as described in Section 013 of the DSSR (reference (a)), is delegated to the Director, Civilian Personnel Management Service, who may redelegate the authority as necessary.

d. A representation allowance or official residence expense allowance may be approved only by the Deputy Assistant Secretary of Defense (Civilian Personnel Policy). Requests must be fully justified and submitted through DoD Component channels.

e. Authority to make head-of-agency determinations on payment of a Separate Maintenance Allowance, including changes of election, and waivers of indebtedness for advance payments granted under 5 U.S.C. 5522 (reference (j)), is delegated to the Secretaries of the Military Departments, Directors of Defense Agencies with independent appointing authority, and

the Office of the Secretary of Defense, Director of Administration and Management. It may be redelegated.

2. **Distribution and Revisions.** The DSSR (reference (a)) and changes thereto should be filed in every Civilian Personnel Offices/Human Resource Offices (CPO/HRO). All requests for revisions to this Subchapter and the DSSR should be submitted through DoD Component channels to the Deputy Assistant Secretary of Defense (Civilian Personnel Policy).

3. **Waiver of Claims.** Claims resulting from erroneous disbursements of pay and allowances may be processed in accordance with DoD 7000.14-R (reference (h)). The foreign post and special incentive differentials meet the definition of pay under 5 U.S.C. 5584 (reference (k)).

ENCLOSURE 1

REFERENCES, continued

- (d) Federal Services Impasses Panel decision 92 FSIP 17 and 103, dated December 18, 1992
- (e) DoD Directive 1404.10, "Emergency-Essential (E-E) DoD U.S. Citizen Civilian Employees," April 1990
- (f) Comptroller General Decision B-184972, Angelo Raffin, Air Force, May 5, 1976
- (g) Sections 901 through 907 of title 20, United States Code
- (h) DoD 7000.14R, "Department of Defense Financial Management Regulations," Volume 5, "Disbursing Policy and Procedures" and Volume 8, "Civilian Pay Policy and Procedures," June 1994
- (i) Title 35, Code of Federal Regulations, Sections 251.31 and 251.32
- (j) Section 5522 of title 5, United States Code
- (k) Section 5584 of title 5, United States Code
- (l) DoD 1400.25-M, Subchapter 592, "Overseas Allowances and Differentials," June 10, 1988 (hereby canceled)
- (m) DoD Instruction 1400.30, "Payment of Quarters Allowance in the Republic of Panama," June 27, 1985 (hereby canceled)
- (n) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996

SUBCHAPTER 1251

COMPENSATION OF FOREIGN NATIONALS

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SUBCHAPTER 1251

COMPENSATION OF FOREIGN NATIONALS

- References:** (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
(b) DoD Manual 1416.8, "Manual for Foreign National Compensation," January 12, 1990
(c) DoD Instruction 1416.8, "Compensation Programs for Foreign Nationals," December 5, 1980 (hereby canceled)
(d) Department of State/Department of Defense Agreement, Subject: "Agreement Concerning Joint Compensation Plans for Local Employees of the Department of State -- United States Information Agency -- Agency for International Development -- Certain Designated Units of the Department of Defense -- and the Foreign Agriculture Service and other Designated Units of the Department of Agriculture," July 9, 1977

A. PURPOSE

This Subchapter:

1. Implements the Department of Defense (DoD) policy under DoD Directive 1400.25 (reference (a)) and delegates authorities and establishes basic principles for establishing compensation for foreign national employees;
2. Authorizes DoD 1416.8-M (reference (b)) which prescribes the procedures and instructions for the administration of a foreign national compensation program; and
3. Cancels DoD Instruction 1416.8 (reference (c)).

B. APPLICABILITY AND SCOPE

This Subchapter applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Defense Agencies, and the DoD Field Activities. Its provisions shall be used by those DoD Components who have responsibility for fixing compensation and conditions of employment for foreign national employees outside the United States, its territories, and possessions. This policy does not apply to the Civilian Marine Personnel of the Military Sealift Command, to foreign national employees serviced by U.S. Embassies in accordance with the State Department and DoD Agreement (reference (d)), or to foreign national employees in Panama.

C. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (a)) that these requirements are established for determining compensation and conditions of employment for foreign national employees:

1. The average pay of foreign national employees of the U.S. Forces shall equal average pay of the non-U.S. Forces sector in the country concerned; and
2. The total compensation of foreign national employees of the U.S. Forces shall equal total compensation of the non-U.S. Forces in the country concerned.

D. RESPONSIBILITIES

1. The Assistant Secretary of Defense for Force Management Policy (ASD (FMP)), under the Under Secretary of Defense (Personnel and Readiness) shall:

- a. Maintain surveillance over the foreign national compensation program;
- b. Develop, publish, and revise DoD 1416.8-M (reference (b)); and
- c. Approve any valid exceptions to the provisions of DoD 1416.8-M (reference (b)).

2. Civilian Personnel Management Service (CPMS) shall review survey reports and conduct evaluations of country compensation plans. CPMS shall serve as point of contact for technical advice and reference on requests for exception or alternate wage determination methodology for foreign national employee compensation.

3. Heads of the DoD Components shall follow the procedures in DoD 1416.8-M (reference (b)), or an alternate wage determination methodology approved by the ASD (FMP) for foreign national employee compensation.

4. DoD 1416.8-M (reference (b)) requires an annual report be forwarded to ASD(FMP) to document the survey process and results. An information copy shall also be submitted to the CPMS, 1400 Key Boulevard, Arlington, VA 22209. The Report Control Symbol is: DD-FM&P(A)1571.

E. PROCEDURES

1. Basic Principles

a. Procedures for conducting a wage survey and administering a foreign national compensation program are in DoD 1416.8-M (reference (b)). The procedures are intended to satisfy overall DoD policy objectives. Where, because of individual circumstances, these

procedures do not reflect the best approach, DoD Components may develop alternative procedures provided they satisfy DoD policy requirements.

b. Alternative procedures must be approved by the ASD(FMP) before they may be implemented. Requests for approval to use alternative procedures must demonstrate that the alternative procedures achieve policy objectives and comply with sound pay setting practices. CPMS is available to provide preliminary technical advice on alternative methodology.

c. Once approval is granted to make wage determinations using provisions other than those in DoD 1416.8-M (reference (b)), any deviations from the approved procedures must be approved by the ASD(FMP). These requests shall be processed through channels and include an analysis of all factors bearing on the request.

2. **Joint Committees**. The procedures for establishing and operating joint committees or subcommittees necessary for the conduct of orderly business can be found in subsection D.5. of Subchapter 1231, "Employment of Foreign Nationals," of this Manual.

F. **DELEGATIONS**. Section E. of Subchapter 1231, "Employment of Foreign Nationals," of this Manual contains the delegations to be followed under this Subchapter.

SUBCHAPTER 1260

HOME LEAVE

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1260-1

SUBCHAPTER 1260

HOME LEAVE FOR DOD CIVILIAN EMPLOYEES

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Section 6305 of title 5, United States Code
 - (c) Title 5, Code of Federal Regulations, Part 630, Subpart F, "Home Leave"
 - (d) DoD Instruction 1424.3, "Home Leave for DoD Civilian Employees," January 28, 1980 (hereby canceled)
 - (e) Joint Travel Regulations, Volume 2, "Department of Defense Civilian Personnel"

A. PURPOSE

This Subchapter:

- 1. Implements DoD policies under references (a) through (c) to prescribe procedures for granting home leave.
- 2. Cancels reference (d).

B. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (a)) to:

- 1. Grant home leave, subject to mission requirements, to eligible DoD employees who are serving overseas.
- 2. Encourage employees to use accrued home leave.

C. PROCEDURES

DoD activities will grant home leave to employees who meet eligibility requirements under reference (c) in the following situations:

- 1. When requested by an employee serving overseas who has completed 24-months of continuous service abroad. The 24-months of continuous service abroad is a one-time requirement.
- 2. In conjunction with renewal agreement travel, as provided by reference (e).

SUBCHAPTER 1261

OBSERVANCE OF HOLIDAYS IN FOREIGN AREAS

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SUBCHAPTER 1261

OBSERVANCE OF HOLIDAYS IN FOREIGN AREAS

- References:**
- (a) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
 - (b) Executive Order 11582, "Observance of Holidays by Government Agencies," February 11, 1971

A. PURPOSE

This Subchapter implements DoD policy and provides principles and procedures concerning the observation of holidays by DoD employees in foreign areas.

B. APPLICABILITY AND SCOPE

This Subchapter applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Defense Agencies, and the DoD field activities, with the exception of the DoD Education Activity.

C. POLICY

It is DoD policy under DoD Directive 1400.25 (reference (a)) that:

1. Principles

(a) Consistent with mission requirements, U.S. citizen employees, regardless of their location, shall be permitted to observe official U.S. holidays as described in E.O. 11582 (reference (b)). U.S. citizen employees who are required to work on an official U.S. holiday must receive appropriate premium pay.

(b) Foreign national employees shall be permitted to observe their official holidays as authorized in host country or other applicable agreements. Foreign national employees who are required to work on an authorized holiday must receive appropriate premium pay.

(c) Employees may not be relieved of duty without charge to leave or loss of pay on a day that is not their "official" holiday, unless the absence is due to circumstances that prevent work from being performed. In such cases, due to circumstances such as those described in paragraph C.3., below, employees shall be granted administratively excused absence.

(d) Due to mission requirements, both U.S. citizen employees and foreign national employees may be required to work on a day designated as a holiday with appropriate premium pay.

2. **In-Lieu of Holidays.** When U.S. citizen employees are off duty on an official holiday, the observed day shall be the same as for employees working in the United States. When foreign national employees are off duty on an official holiday, the observed day shall be as prescribed in the governing agreement. In the absence of guidance in a governing agreement, the same procedures shall be followed for foreign national employees as are followed for U.S. citizen employees.

3. **Circumstances That May Prevent Work From Being Performed.** It may be necessary to relieve employees from duty without charge to leave or loss of pay under the circumstances listed below or under equivalent conditions. In such cases, administratively excused absence will be granted.

(a) The place of employment is closed physically by law or legal authority, or essential building services cannot be provided and it is not practical to make other arrangements to accomplish work (such as rescheduling the work for another day or providing alternate worksites).

(b) When public transportation is the principal mode of travel and those services are discontinued to the point where most employees are prevented from reporting to work, and it is not practical to make other arrangements to accomplish work.

(c) Duties of employees in the DoD unit or activity concerned consist largely of dealing directly with persons who are observing the holiday and there are no other duties (consistent with their normal duties) to which the employees can be assigned on the holiday. (Under most circumstances, duties shall be available, particularly in the case of holidays which are known well in advance.)

(d) The Chief of Mission or the area Unified Military Commander may determine a closure is appropriate when a local holiday or special occasion is of such significance that conduct of business by some or all offices under his or her jurisdiction would be an affront to the host-country government or not in the best interest of the United States. Such a holiday or occasion should extend to all elements in the society; that is, normal business ceases and most, if not all, business and government offices are closed in commemoration of the event. (Examples include a national day of mourning or a special celebration of a day of founding or independence; however, closure should not extend to the majority of the recurring holidays.)

D. RESPONSIBILITIES. The area Unified Military Commander shall ensure, to the maximum degree possible, that there is a uniform practice developed and adopted for the observance of all holidays and that local operating procedures fully implement the DoD policy outlined in this subsection.

**DEPARTMENT OF DEFENSE
DIRECTIVES SYSTEM TRANSMITTAL**

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ATTACHMENTS

39 Pages

INSTRUCTIONS FOR RECIPIENTS

The following pen and page changes to DoD 1400.25-M, "Department of Defense Civilian Personnel Manual (CPM)," December 1996, are authorized:

PEN CHANGE

Page 630-1, subsection C.2., the 120-hour tour at Leave accrual rate 6, under "Accrual in last full pay period of calendar year." Change "9 hours" to "15 hours"

PAGE CHANGES


Remove: Pages i through iii

Insert: Attached replacement pages and new pages 251-i through 251-5, 511-i through 511-A-2, 1231-i through 1231-10, and 1251-i through 1251-3

Changes appear on pages i through iii, and are indicated by marginal change bars.

EFFECTIVE DATE

The above changes are effective immediately.


Larry E. Curry, Director
Correspondence and Directives

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT